



**DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF AIDS PROGRAMS AND POLICY**

**REQUEST FOR PROPOSALS**

**FOR**

**HIV COUNSELING AND TESTING SERVICES**

**RFP: PH-OAPP-#2008-01 (HCT)**

**APRIL 18, 2008**

**Prepared By  
County of Los Angeles  
Department of Public Health  
Office of AIDS Programs and Policy**

**These guidelines are intended to provide general information only and are subject to revision. The rights and obligations of any party contracting with the County will be determined in accordance with the terms of the applicable contract and law.**

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**ATTACHED APPENDICES TO THE RFP:**

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APPENDIX B: STATEMENT OF WORK

APPENDIX C: TECHNICAL EXHIBITS

APPENDIX D: REQUIRED FORMS

APPENDIX E: TRANSMITTAL FORM TO REQUEST A RFP SOLICITATION  
REQUIREMENTS REVIEW

- APPENDIX F: CONTRACTOR JURY SERVICE (ORDINANCE)
- APPENDIX G: LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY
- APPENDIX H: IRS NOTICE 1015
- APPENDIX I: SAFELY SURRENDERED BABY LAW
- APPENDIX J: BACKGROUND AND RESOURCES: CALIFORNIA CHARITIES REGULATION
- APPENDIX K: GENERAL INSTRUCTIONS FOR MODIFIED FEE-FOR-SERVICE AND COST REIMBURSEMENT BUDGET FORMS (CATEGORY 2, 3, 4 & 5)

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## **OVERVIEW OF THE SOLICITATION DOCUMENT**

This Request for Proposals (RFP) is composed of the following parts:

**PART 1 (INTRODUCTION OF THE RFP):** Provides information pertaining to the purpose of the RFP and the services to be provided, background, history etc.; key dates and actions of the RFP (i.e., Mandatory Letter of Intent); Proposer's Conference; Solicitations Requirements Review; Proposer Questions; Terms and Definitions; Contract Rates; Days of Operations; Contract Award; Contact with County personnel; and the requirements of the services to be provided pursuant to Appendix B (Statement of Work) and Appendix C (Technical Exhibits) and Attachments C1-1 through C5-1.

**PART 2 (PROPOSER REQUIREMENTS):** Provides the minimum mandatory programmatic and administrative requirements that each Proposer must meet in order for their proposal to be considered for evaluation.

**PART 3 (PROPOSAL SUBMISSION & PREPARATION):** Provides instructions to Proposers regarding the appropriate preparation and submission of their proposal in order to be in compliance with RFP requirements.

**PART 4 (PROGRAMMATIC CRITERIA):** Provides the programmatic criteria for the programmatic portion of the RFP response to which the Proposers must provide responses in order to have a complete proposal and on which they will be evaluated in accordance with the criteria listed in RFP Subsection 5.3 (Level 1A External Evaluation Review).

**PART 5 (EVALUATION PROCESS & FUNDING ALLOCATION):** Explains proposal evaluation process and describes how funding will be allocated.

**PART 6 (GENERAL INFORMATION):** Provides standard County-mandated additional provisions, general information, and requirements of the RFP.

**ATTACHED APPENDICES TO THE RFP:** This section contains the following RFP Appendices:

- **A: SAMPLE CONTRACT:** Lists the terms and conditions in the Contract, including those of the Additional Provisions.
- **B: STATEMENT OF WORK:** Explains in detail the general work requirements and specific goals and objectives of the categories of service to be provided.
- **C: TECHNICAL EXHIBITS:** Serve as Attachments to the Statement of Work with the specific work requirements for each category of service listed in the RFP, including attached scopes of work.
- **D: REQUIRED FORMS:** Forms contained in this section must be completed and included in the proposal.

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- **E: TRANSMITTAL FORM TO REQUEST A RFP SOLICITATION REQUIREMENTS REVIEW:** Transmittal sent to Department requesting a Solicitation Requirements Review.
  - **F: JURY SERVICE ORDINANCE:** County Code.
  - **G: LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY:** Contractors who are not allowed to contract with the County for a specific length of time.
  - **H: IRS NOTICE 1015:** Provides information on Federal Earned Income Credit.
  - **I: SAFELY SURRENDERED BABY LAW:** County program.
  - **J: BACKGROUND AND RESOURCES: CALIFORNIA CHARITIES REGULATION:** An information sheet intended to assist nonprofit agencies with compliance with SB 1262 - the Nonprofit Integrity Act of 2004.
  - **K: General Instructions For Modified Fee-For-Service and Reimbursement Budget Forms (Category 2, 3, 4 & 5)**

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## **PART 1: INTRODUCTION OF THE RFP**

### **1.1 INTRODUCTION AND PURPOSE**

#### **HIV Counseling and Testing, Partner Counseling and Referral Services Program Purpose**

The purpose of this RFP is to provide targeted HIV counseling and testing (HCT) opportunities to those at highest risk for HIV. Targeted efforts for this RFP are prioritized according to the *Los Angeles County HIV Prevention Plan 2009-2013* priority populations and within areas highly impacted by the HIV/AIDS epidemic. This RFP also responds to the *Los Angeles County HIV Prevention Plan 2009-2013* recommendation to support HCT and Partner Counseling and Referral Services (PCRS).

The Los Angeles County HIV Prevention Plan 2009-2013 is available for download at:

<http://publichealth.lacounty.gov/aids/Prevention%20Plan%202009.htm>

#### **County of Los Angeles, Department of Public Health, Office of AIDS Programs and Policy**

The mission of the Los Angeles County Department of Public Health's Office of AIDS Programs and Policy (OAPP) is to respond to the HIV/AIDS epidemic in Los Angeles County by preventing its spread, maximizing health and social outcomes, and coordinating effective and efficiently targeted services for those at risk for, living with, or affected by HIV.

To accomplish this mission and its underlying HIV prevention goals, OAPP partners with a broad array of public and private service providers to deliver HIV prevention programs that include a range of tailored interventions designed to help persons learn their HIV status, develop skills to prevent HIV infection or HIV transmission, reinforce behaviors that help mitigate HIV infection and transmission and provide linkage to HIV and other systems of care. OAPP maintains partnerships to create prevention service delivery networks, to implement multiple morbidity programming, to implement structural interventions and to implement site-specific (e.g., County jails) or community-specific (Faith community) interventions. HIV prevention services funded under this RFP will be distributed throughout the eight (8) Service Planning Areas (SPAs) of Los Angeles County.

These HIV prevention partnerships most often are in the form of contracted services with community-based organizations (CBOs), local hospitals and clinics, and programs within the Departments of Public Health and Health Services. These contracts are primarily supported with funds from the United States

Centers for Disease Control and Prevention (CDC), the California Office of AIDS (OA) and the County of Los Angeles.

The County of Los Angeles, Department of Public Health, Office of AIDS Programs and Policy, herein after referred to as "County," is issuing this Request for Proposals to solicit proposals for contracts with multiple HIV/AIDS service providers who can provide HCT and Partner Counseling and Referral Services. This RFP will fund the HCT program categories found on the next page.

**2009 – 2013 HCT PROGRAM  
CATEGORIES WITH FUNDING OPPORTUNITIES**

Category 1:     **Community Setting Program:** HIV Counseling and Testing (HCT) Services Provided in Storefronts

Category 2:     **Mobile Testing Unit Program:** HCT Services Provided in Mobile Testing Units

Category 3:     **Multiple Morbidity Mobile Testing Unit Program:** HIV, STD, Hepatitis Services Provided in Mobile Testing Units

Category 4:     **Social Networks Testing Program:** HCT Services Targeting Social Networks Affiliates of Transgenders and HCT Services Targeted to Social Networks Affiliates of Men of Color Including Gay Men and Non Gay Identified Men Who Have Sex With Men, Transgenders or Multiple Genders

Category 5:     **Routine HIV Testing in Non-County Operated Clinical Settings:** HCT Services to be Highly Focused in SPAs 4, 6 and 8

**Table 1. HCT Testing Program Categories Funding Summary**

HIV Testing Program	Funding Amount	Program Funding Range	Estimated Number of Programs	Annual Estimated Number of Tests	Estimated HIV Positivity Rate Goal	Annual Estimated Number of New HIV Positive Tests
<u>Category 1: Community Setting Program:</u> HIV Counseling and Testing (HCT) Services Provided in Storefronts	\$2,425,000	\$100,000 to \$220,000	11-24	32,000	2%	640
* <u>Category 2: Mobile Testing Unit Program:</u> HCT Services Provided in Mobile Testing Units	\$1,000,000	\$200,000	5	6,000	1.80%	108
* <u>Category 3: Multiple Morbidity Mobile Testing Unit Program:</u> HIV, STD, Hepatitis Services Provided in Mobile Testing Units	\$900,000	\$300,000	3	3,000	1.80%	54
<u>Category 4: Social Networks Testing Program:</u> HCT Services Targeting Social Networks Affiliates of Transgenders and HCT Services Targeted to Social Networks Affiliates of Men of Color Including Gay Men and Non Gay Identified Men Who Have Sex With Men, Transgenders or Multiple Genders	\$200,000	\$200,000	1	800	6%	48
<u>Category 5: Routine HIV Testing in Non-County Operated Clinical Settings:</u> HCT Services to be Highly Focused in SPAs 4, 6, and 8	\$225,000	Up to \$75,000	3-4	5,500	1.42%	78
<b>TOTAL</b>	<b>\$4,750,000</b>			<b>47,300</b>	<b>2.0%</b>	<b>928</b>

**\*Proposers can apply for funding for Category 2 and/or Category 3, however funding will only be recommended under one of these categories of service. PROPOSERS WILL NOT BE ALLOWED TO HAVE MORE THAN ONE MOBILE TESTING UNIT FUNDED BY OAPP.**

## 1.2 RFP TIMETABLE

### The timetable for this RFP is as follows:

- 
- Release of RFP ..... April 18, 2008
- Mandatory Intent to Apply Form  
Due ..... April 25, 2008, by 4:00 p.m. (PST)
- Proposer's Questions Due ..... April 25, 2008, by 4:00 p.m. (PST)
- Request for a Solicitation Requirements  
Review Due.....May 1, 2008, by 4:00 p.m. (PST)
- Proposer's Conference .....April 28, 2008, 2:00 p.m. (PST)
- All Questions and Answers Released .....May 9, 2008
- **PROPOSALS DUE BY .....MAY 20, 2008, BY 5:00 PM (PST) IN-PERSON  
OR POST MARKED BY 11:59 PM (PST) ON MAY 20, 2008**

## 1.3 PROPOSER'S QUESTIONS

Proposers may submit written questions regarding this RFP by mail or fax to the County's representative identified below. Only written inquiries will be accepted regarding the RFP; no telephone inquiries will be accepted. All questions must be received by 4:00 p.m. (PST), on April 25, 2008.

When submitting questions, Proposers must specify the RFP section number, paragraph number, page number, and quote the passage that prompted the question. This will ensure that the question can be answered appropriately. The County reserves the right to disregard questions that are not relevant to this RFP process and/or group similar questions when providing answers. All inquiries must be typewritten or word processed and shall include:

- Contact Person's Name
- Agency Name and/or Affiliation
- Address
- Area code and Phone number
- Area code and Fax number
- E-mail address

Questions that deviate from the format described above may be rejected without further review and/or a response at the County's sole discretion. Proposer bears all risks in the timely submission of written questions. Any written questions received after the submission deadline will not be addressed. OAPP will not

identify the source of the question in its response to bidders. All questions submitted will be compiled with the appropriate answers and issued as an addendum to the RFP. The addendum will be made available to all attendees of the Mandatory Proposer(s) Conference who correctly completed the official sign-in sheet, by facsimile, e-mail transmission (PDF format) and posted on the Internet at:

<http://www.publichealth.lacounty.gov/aids/rfp.htm>

and

<http://camisvr.co.la.ca.us/lacobids/>

(View Open Bids and search by Bid Number under "OAPP").

Questions should be addressed to:

Nicole M. Salgado, Manager  
Office of AIDS Programs and Policy  
Contract Administration Division, Solicitations Section  
600 South Commonwealth Avenue, 10<sup>th</sup> Floor  
Los Angeles, California 90005  
Fax #: (213) 738-9371  
E-mail: [cadinbox@ph.lacounty.gov](mailto:cadinbox@ph.lacounty.gov)

#### **1.4 MANDATORY INTENT TO APPLY**

For a proposal to be considered, a Proposer must complete and submit Appendix D (Required Forms), Form #1 (Mandatory Intent to Apply Form) on or before 4:00 p.m. (PST), April 25, 2008. Submission of the Mandatory Intent to Apply Form is a Minimum Mandatory Requirement, pursuant to RFP Subsection 2.1.2.c (Mandatory Intent to Apply). The Mandatory Intent to Apply Form must be signed by the Executive Director, Chief Executive Officer, or designated Board Member of the proposing agency. The Mandatory Intent to Apply Form is to be submitted by direct delivery to OAPP, by facsimile or e-mail transmission (PDF format only) to:

Patricia Briceno, Contract Aide  
Office of AIDS Programs and Policy  
Contracts Administration Division, Solicitations Section  
600 South Commonwealth Avenue, 10th Floor  
Los Angeles, California 90005  
Telephone No.: (213) 637-8452  
Fax: (213) 738-9371  
E-mail: [cadinbox@ph.lacounty.gov](mailto:cadinbox@ph.lacounty.gov)

Proposers shall be responsible for verifying that the Mandatory Intent to Apply Form is received. The Proposer assumes all associated risk of non-receipt of its Mandatory Intent to Apply Form. Mandatory Intent to Apply Forms will not be accepted after the specified deadline. County will reject and will not evaluate

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proposals from Proposers that submitted an incomplete form; did not submit the Mandatory Intent to Apply Form; did not submit the form by the specified time and/or date deadline.

## 1.5 SOLICITATION REQUIREMENTS REVIEW

A person or entity may seek a Solicitation Requirements Review by submitting the form contained in Appendix E (Transmittal Form to Request a RFP Solicitation Requirements Review) along with supporting documentation. A Solicitation Requirements Review shall only be granted under the following circumstances:

- The request for a Solicitation Requirements Review is received by OAPP by 4:00 p.m. (PST) on May 1, 2008.
- The request for a Solicitation Requirements Review includes documentation, which demonstrates the underlying ability of the person or entity to submit a proposal;
- The request for a Solicitation Requirements Review itemizes in appropriate detail, each matter contested and factual reasons for the requested review; and
- The request for a Solicitation Requirements Review asserts either that:
  - application of the minimum requirements, evaluation criteria and/or business requirements unfairly disadvantage the Proposer; or,
  - due to unclear instructions, the process may result in the County not receiving the best possible responses from the Proposers.

The Solicitation Requirements Review shall be completed and the County's decision shall be provided to the Proposer, in writing, and delivered by U.S. mail and/or facsimile transmission, within a reasonable time prior to the proposal due date. All Requests for Review should be submitted to:

Nicole M. Salgado, Manager  
Office of AIDS Programs and Policy  
Contract Administration Division, Solicitations Section  
600 South Commonwealth Avenue, 10th Floor  
Los Angeles, California 90005  
Fax: (213) 738-9371

## 1.6 PROPOSER'S CONFERENCE

A **Proposer's Conference** will be held to review the RFP component. County staff will respond to questions from potential Proposers. The purpose of the Proposer's Conference is to answer questions concerning the written specifications of this RFP in the presence of all agencies interested in providing services for the County. County representatives will not hold any private or unilateral consultations before or after the conference.

It is recommended that potential Proposers attend the conference and arrive at least twenty (20) minutes in advance to allow for registration. The Proposer's Conference is scheduled as follows:

**Date:** April 28, 2008

**Time:** 2:00 p.m.

**Address:** St. Anne's  
Foundation Room  
155 North Occidental Boulevard  
Los Angeles, California 90026

All agencies in attendance at the Proposer's Conference are to ensure that the official sign-in attendance sheet is completed and signed by each representative of the agency in attendance. The sign-in sheet will serve as evidence that an agency was present at the Proposer's Conference and as a mailing list for disseminating any addendum/addenda to the RFP, subsequent to the Proposer's Conference, if the County determines that such addendum/addenda is necessary. The County will try to respond to all questions relevant to this RFP during the conference. However, some responses may be deferred and provided in a written addendum released before or on May 9, 2008. The County reserves the right to disregard questions that are not relevant to this RFP process and/or group similar questions when providing answers.

The County will distribute any written addendum to Proposers that attended the Proposer's Conference and that fully completed the official sign-in sheet. The manner of distribution is described in RFP Subsection 1.3 (Proposer's Questions).

## 1.7 FUNDING ALLOCATION REDUCTIONS

If monies are reduced by federal, State, or County funding sources, the County may also decrease the applicable County maximum obligation as determined by the County. Such funding changes will not be retroactive, but will apply to future services following the provision of written notice.

## **1.8 CONTRACT TERM**

The contract term shall be for an initial period of three (3) years with an optional two (2) year extension and six (6) month-to-month optional extensions, if so needed.

## **1.9 CONTRACT RATES**

The Contractor's rates shall remain firm and fixed for the term of the contract, although reimbursement will be in the form of a fee-for-service, modified fee-for-service, or cost reimbursement specific to the category of service. For further information, please refer to Appendix D and use the following required forms as applicable:

### Required Forms:

- Form #3 Proposer's Budget-Category 1 Fee-for-Service Budget Form;
- Form #4 Proposer's Budget-Category 2 Fee-for-Service & Modified Fee-for-Service Budget Form;
- Form #5 Proposer's Cost for Additional Services-Optional Categories 1, 2 & 4;
- Form #6 Proposer's Budget-Categories 3, 4 & 5, Cost Reimbursement Budget Form; and
- Form #7 Proposer's Budget-Category 5 Proposer's In-Kind/Leveraged Support Form

## **1.10 DAYS OF OPERATION**

The Contractor shall be required to provide HIV counseling and testing services based on the needs of the targeted population to be served, as specified in Appendix B (Statement of Work.), Section 5.0 (Hours/Days of Work).

## **1.11 FINAL CONTRACT AWARD BY THE BOARD OF SUPERVISORS**

Notwithstanding a recommendation of a Department, agency, individual, or other, the Board of Supervisors retains the right to exercise its judgment concerning the selection of a proposal and the terms of any resultant contract, and to determine which proposal best serves the interests of the County. The Board is the ultimate decision making body and makes the final determinations necessary to arrive at a decision to award, or not award, a contract.

## **1.12 CONTACT WITH COUNTY PERSONNEL**

All contacts regarding this RFP or any matter relating thereto must be in writing and may be mailed or faxed as follows:

Nicole M. Salgado, Manager  
Office of AIDS Programs and Policy  
Contract Administration Division, Solicitations Section  
600 South Commonwealth Avenue, 10th Floor  
Los Angeles, California 90005  
Fax #: (213) 738-9371

If it is discovered that Proposer contacted and received information from any County personnel, other than the person specified above, regarding this solicitation, County, in its sole determination, may disqualify their proposal from further consideration.

**1.13 STATEMENT OF WORK – SERVICES TO BE PROVIDED**

Proposer is to refer to Appendix B (Statement of Work) and Appendix C (Technical Exhibits), and the applicable Attachments C1-1 through C5-1, for the service requirements for each category of service.

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## **PART 2 - PROPOSER REQUIREMENTS**

### **2.1 MINIMUM MANDATORY REQUIREMENTS**

Interested and qualified Proposers must demonstrate their ability to meet each of the RFP Programmatic Requirements (pursuant to RFP Subsection 2.1.1), for each category for which Proposer is applying for funding in addition to all of the requirements set forth in RFP Subsection 2.1.2 (RFP Administrative Requirements) below.

#### **2.1.1 RFP PROGRAMMATIC REQUIREMENTS**

Proposer must demonstrate its ability as outlined in RFP Subsection 3.3.4 (Section 2: Proposer's Ability to Meet RFP Minimum Programmatic Requirements) to meet each of the following RFP Programmatic Requirements for which Proposer intends to apply for funding in each of the services the category for which it intends to apply for funding.

##### **2.1.1.a Category 1: Community Setting Program: HIV Counseling and Testing (HCT) Services Provided in Storefronts**

1. Proposer must demonstrate at least three years experience, within the last five years, providing HCT services consistent with California and local guidelines or at least five years experience, within the last seven years, providing HIV prevention services directly with clients and/or patients.
2. Proposer must show that any proposed subcontractor performing HCT services can demonstrate at least three years experience, within the last five years, providing HCT services consistent with California and local guidelines or at least five years experience, within the last seven years, providing HIV prevention services directly with clients and/or patients. Proposer must submit a copy of the proposed MOU or subcontract agreement detailing the type of HCT services to be provided and proposed subcontractor's background and experience documenting its ability to meet this requirement (if applicable).
3. Proposer must demonstrate in their proposal an understanding of the benefits of confidential HIV-antibody testing and show in their proposal how their program would commit to promote the benefits of confidential HIV-antibody testing services.
4. Proposer must state how they will comply with all California HIV, Sexually Transmitted Disease (STD) and hepatitis reporting requirements under a timeline defined by OAPP in partnership with the County's Department of Public Health, HIV Epidemiology and STD Program and/or local health department.

5. If rapid HIV-antibody testing services are proposed, Proposer must provide evidence of a California-issued certificate to deliver a Clinical Laboratory Improvement Act (CLIA) – waived test or submit a commitment to securing a CLIA waiver to meet this requirement no later than three (3) months from the start of the contract.

**2.1.1.b Category 2: Mobile Testing Unit Program: HCT Services Provided in Mobile Testing Units**

1. Proposer must demonstrate at least three years experience, within the last five years, providing HCT services consistent with California and local guidelines or at least five years experience, within the last seven years, providing HIV prevention services directly with clients and/or patients.
2. Proposer must show that any proposed subcontractor performing HCT services can demonstrate at least three years experience, within the last five years, providing HCT services consistent with California and local guidelines or at least five years experience, within the last seven years, providing HIV prevention services directly with clients and/or patients. Proposer must submit a copy of the proposed MOU or subcontract agreement detailing the type of HCT services to be provided and proposed subcontractor's background and experience documenting its ability to meet this requirement (if applicable).
3. Proposer must demonstrate in their proposal an understanding of the benefits of confidential HIV antibody testing and show in their proposal how their program would commit to promote the benefits of confidential HIV-antibody testing services.
4. Proposer must state how they will comply with all California HIV, STD and hepatitis reporting requirements under a timeline defined by OAPP in partnership with the County's Department of Public Health, HIV Epidemiology and STD Program and/or local health departments.
5. If rapid HIV-antibody testing services are proposed, Proposer must provide evidence of a California-issued certificate to deliver a Clinical Laboratory Improvement Act (CLIA)-waived test or submit a commitment to securing a CLIA waiver to meet this requirement no later than three (3) months from the start of the contract.

**2.1.1.c Category 3: Multiple Morbidity Mobile Testing Unit Program: HIV, STD, Hepatitis Services Provided in Mobile Testing Units**

1. Proposer and/or proposed subcontractor must demonstrate at least three years experience, within the last five years, providing HCT, STD, and hepatitis services consistent with California and local guidelines. Proposer

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must submit a copy of the proposed MOU or subcontract agreement detailing the type of HCT services to be provided and proposed subcontractor's background and experience documenting its ability to meet this requirement (if applicable).

2. Proposer must demonstrate in their proposal an understanding of the benefits of confidential HIV-antibody testing and show in their proposal how their program would commit to promote the benefits of confidential HIV-antibody testing services.
3. Proposer must state how they will comply with all California HIV, STD, and hepatitis reporting requirements under a timeline defined by OAPP in partnership with the County's Department of Public Health, HIV Epidemiology and STD Program and/or local health departments.
4. If rapid HIV-antibody testing services are proposed, Proposer must provide evidence of a California-issued certificate to deliver a Clinical Laboratory Improvement Act (CLIA)-waived test or submit a written commitment to securing a CLIA waiver to meet this requirement no later than three (3) months from the start of the contract.

**2.1.1.d Category 4: Social Networks Testing Program: HCT Services Targeting Social Networks Affiliates of Transgenders and HCT Services Targeted to Social Networks Affiliates of Men of Color Including Gay Men and Non Gay Identified Men Who Have Sex With Men, Transgenders or Multiple**

1. Proposer and/or any subcontractor must demonstrate at least three (3) years, within the last five (5) years, providing HCT services consistent with California and local guidelines. Proposer must submit a copy of the proposed MOU or subcontract agreement detailing the type of HCT services to be provided and proposed subcontractor's background and experience documenting its ability to meet this requirement (if applicable).
2. Proposer and/or subcontractor must demonstrate at least three years experience, within the last five (5) years, working with the population being targeted. Proposer must submit a fully executed original Memorandum of Understanding (MOU) or subcontract agreement detailing the agreed upon HCT services to be provided. Proposer must submit a copy of the proposed MOU or subcontract agreement detailing the type of HCT services to be provided and proposed subcontractor's background and experience documenting its ability to meet this requirement (if applicable).
3. Proposer must demonstrate in their proposal an understanding of the benefits of confidential HIV-antibody testing and show in their proposal

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how their program would commit to promote the benefits of confidential HIV-antibody testing services.

4. Proposer must state how they will comply with all California HIV, STD, and hepatitis reporting requirements under a timeline defined by OAPP in partnership with the County's Department of Public Health, HIV Epidemiology and STD Program and/or local health departments.
5. If rapid HIV-antibody testing services are proposed, Proposer must provide evidence of a California-issued certificate to deliver a Clinical Laboratory Improvement Act (CLIA)-waived test or submit a written commitment to securing a CLIA waiver to meet this requirement no later than three (3) months from the start of the contract.

**2.1.1.e Category 5: Routine HIV Testing in Non-County Operated Clinical Settings HCT Services to be Highly Focused in SPAs 4, 6 and 8**

1. Proposer must be designated as a clinical setting (non-County entity) with current experience providing HIV testing services.
2. Proposer must agree to utilize their own existing resources in conjunction with what is requested from the County to demonstrate that they are leveraging their internal resources. Proposer must illustrate how OAPP funds will augment their ability to add or increase routine HIV testing services to existing program services.
3. Proposer must demonstrate in their proposal an understanding of the benefits of confidential HIV-antibody testing and show in their proposal how their program would commit to promote the benefits of confidential HIV-antibody testing services.
4. Proposer must state how they will comply with all California HIV, STD, and hepatitis reporting requirements under a timeline defined by OAPP in partnership with the County's Department of Public Health, HIV Epidemiology and STD Program.
5. If rapid HIV-antibody testing services are proposed, Proposer must provide evidence of a California-issued certificate to deliver a Clinical Laboratory Improvement Act (CLIA)-waived test or submit a written commitment to securing a CLIA waiver to meet this requirement no later than three (3) months from the start of the contract.

## **2.1.2 RFP ADMINISTRATIVE REQUIREMENTS**

Proposer must demonstrate its compliance with each and all of the following RFP Administrative Requirements. This requirement only needs to be met once for the entire RFP process. It does not have to be repeated for each service category when applying for funding for multiple service categories.

### **2.1.2.a Proposer Status**

Proposer must be a public entity, or a university or research institution, or a 501(c)(3) private non-profit, not-for-profit or under unusual circumstances, a for-profit agency will be considered. It is OAPP's policy to reimburse expenses for services provided by contracted not-for-profit agencies possessing 501(c)(3) status under the U.S. Internal Revenue Code. Only under unusual circumstances in which no such appropriate service provider can be identified will OAPP consider an exception to this policy and enter into a contract with a for-profit agency. Proposer must submit written documentation of its 501(c)(3) status with their proposal to demonstrate its compliance with this requirement.

### **2.1.2.b Mandatory Intent to Apply**

Proposer must complete and submit the Mandatory Intent to Apply Form pursuant to RFP Section 1.4 (Mandatory Intent to Apply).

### **2.1.2.c Agreement and Acceptance of all Terms and Conditions of the Sample Contract and Statement of Work**

Proposer acknowledges and agrees that submission of a proposal in response to this RFP constitutes acknowledgement, acceptance, and full agreement and compliance with the terms and conditions contained in the RFP document, Appendix A (Sample Contract) and the Additional Provisions, and the terms and conditions of the Appendix B (Statement of Work) and the applicable exhibits and attachments of Appendix C (Technical Exhibits). Proposers are advised that the County reserves the right to make changes to the Sample Contract, appendices, and exhibits at its sole discretion.

### **2.2.1.d Indemnification and Insurance**

Proposer must provide documentation of its ability to meet all of the insurance coverage requirements, pursuant to Appendix A (Sample Contract), Paragraph 16 (Indemnification), Paragraph 17 (General Insurance Requirements), and Paragraph 18 (General Insurance Requirements).

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## **PART 3 - PROPOSAL SUBMISSION & PREPARATION**

### **3.1 PROPOSAL SUBMISSION**

This section contains the timeline for proposal submission and instructions to Proposers on how to prepare and submit their proposal.

Proposals are due by **5:00 p.m. (PST) on May 20, 2008 in-person or must be postmarked by 11:59 p.m. (PST) on May 20, 2008.** Proposals shall be delivered or mailed to:

County of Los Angeles  
Department of Public Health  
Office of AIDS Programs and Policy  
600 South Commonwealth Avenue, 10th Floor  
Attn: Nicole M. Salgado, Manager  
Contract Administration Division, Solicitations Section  
Los Angeles, California 90005

**Proposals are to be prepared and submitted according to the specifications of Part 3 (Proposal Submission & Preparation). It is the sole responsibility of the submitting Proposer to ensure that its Proposal is prepared and submitted according to the specifications of Part 3 (Proposal Submission & Preparation), and received on or before the submission deadline. Submitting Proposers shall bear all risks associated with delays in delivery by any person or entity, including the U.S. Mail. Proposals received after the due date and/or time, as specified above, will be disqualified and will not be considered for further review. Timely hand-delivered Proposals are acceptable. No facsimile (fax) or electronic mail (e-mail) copies will be accepted.**

All proposals shall be firm offers and may not be withdrawn for a period of two hundred seventy (270) days following the last day to submit proposals. Until the proposal submission deadline, errors in proposals may be corrected by a request in writing to withdraw the proposal and by submission of another set of proposals with the mistakes corrected. Corrections will not be accepted once the deadline for submission of proposals has passed.

### **3.2 PREPARATION OF THE PROPOSAL**

Proposals must be prepared and submitted as outlined in this Subsection 3.2 (Preparation of the Proposal). Three (3) original proposals and seven (7) numbered copies shall be enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the Proposer and shall bear the words: **"PROPOSAL FOR THE HIV COUNSELING AND**

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**TESTING SERVICES RFP: PH-OAPP-#2008-01 (HCT)**". The three (3) original proposals and each of the seven (7) copies shall be clearly marked.

Proposals are to be made based on the contents of this RFP. The County shall assume no responsibility for any misunderstanding or representations concerning information provided, or conditions given, by any of its employees prior to execution of a contract unless it is included in the RFP or in an addendum to the RFP. **The County may, at its sole discretion, disqualify a Proposer and/or evaluators may deduct evaluation points, if a proposal is incomplete, is missing required forms, and/or deviates from the prescribed format.**

In preparing the written Proposal, the Proposer should do so in its own words and take care not to copy the language in the RFP. Proposer must ensure that its proposal responds completely and thoroughly to all of the requirements set forth in this RFP. The objective of the Proposal submission is for the County to ascertain the Proposer's ability to provide or exceed in providing the required services. In addition, specific information is requested from all Proposers to ensure that the proposals can be fairly compared and evaluated in a standard and objective manner. Only that information which is contained in the Proposal will be evaluated.

Each proposal, and subsequent copy, must be sectioned, bound, and submitted in the prescribed format as outlined below.

1. Proposals must be type written or word processed, double spaced with a font size of 12 points (Times Roman Font), and double-sided on "8 ½ x 11" white bond paper.
2. Margins (top, bottom, left, and right) shall not be less than one (1) inch.
3. Each proposal shall be bound/secured with a loose leaf book ring. Proposals should not be stapled, professionally bound (e.g., spiral binding), placed within a binder, or in any other format. **No exceptions.**
4. All forms included in Appendix D (Required Forms) are required in the submission of the proposal and must be signed/dated where applicable. The forms are available for download at: <http://camisvr.co.la.ca.us/lacobids/> (View Open Bids and search by Bid Number under "OAPP") -or- <http://www.publichealth.lacounty.gov/aids/rfp.htm>.
5. Everything constituting this RFP shall be written in English.
6. Page numbers must be labeled sequentially and each section must be clearly labeled. Page limits and format type (i.e., narrative, numerical, and/or table format) apply, where applicable, and as noted.

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Each proposal must consist of two (2) parts: Proposer's Administrative Section and Proposer's Programmatic Section. The content and sequence of each Section is as follows:

### **3.3 PROPOSER'S ADMINISTRATIVE SECTION**

The content and sequence of Proposer's Administrative Section must be as follows:

#### **3.3.1 Title/Cover Page**

Title/Cover Page identifying the Section, which bear the words **"ADMINISTRATIVE SECTION FOR THE HIV COUNSELING AND TESTING SERVICES RFP: PH-OAPP-#2008-01 (HCT)"** and Proposer's name.

#### **3.3.2 Table of Contents**

List all material included in Administrative Section of the proposal. Include a clear definition of the material, identified by sequential page numbers and by section reference number, sequenced and labeled as specified below:

#### **3.3.3 Section 1: Proposer's Ability to Meet RFP Administrative Requirements**

In its Section 1, Proposer must demonstrate the ability to meet the **RFP Administrative Requirements** as outlined in RFP Section 2.1.2 (RFP Administrative Requirements). Proposer must also submit its 501(c)(3) exempt status letter and Form #20 Proposer's Indemnification and Insurance in its Section 1. The RFP Administrative Requirements only need to be met once for this RFP process. It does not have to be repeated for each service category.

#### **3.3.4 Section 2: Proposer's Ability to Meet RFP Programmatic Requirements**

In its Section 2, Proposer must demonstrate the ability to meet the **RFP Programmatic Requirements**, as outlined in RFP Section 2.1.1 (RFP Programmatic Requirements). Unlike the previous section above, there should be a separate Proposer's Ability to Meet RFP Programmatic Requirements for each service category of which Proposer is applying for funding. Proposer is to complete and submit the applicable forms in its Section 2 as follows:

- Form #21: Category 1 RFP Programmatic Requirements
- Form #22: Category 2 RFP Programmatic Requirements
- Form #23: Category 3 RFP Programmatic Requirements
- Form #24: Category 4 RFP Programmatic Requirements
- Form #25: Category 5 RFP Programmatic Requirements

### 3.3.5 Section 3: Proposer's Financial Capability

Proposer must provide two (2) copies each of company's **audited financial statements** for the most current and prior two (2) fiscal years (2007, 2006, and 2005). Statements should include the agency's assets, liabilities and net worth. At a minimum, include the Balance Sheet (Statement of Financial Positions), Income Statement (Statement of Operations), and the Retained Earnings Statement. **Do not submit Income Tax Returns to meet this requirement.** Financial statements will be kept confidential if so stamped on each page.

Proposer's audited financial statements shall indicate the term of the full fiscal year (e.g., January through December; July through June, etc.). If a Proposer is a subsidiary of a parent company, Proposer shall describe, or highlight, the individual financial statements of Proposer (subsidiary) and not that of the parent company as a whole. Further, Proposer shall describe and document the following:

- Proposer's financial stability history; and
- Proposer's ability to operate and carry the complete program costs, without reimbursement from the County for at least 60 days at any point during the contract term of any agreement(s) awarded as a result of this RFP, pursuant to Appendix A (Sample Contract), Paragraph 9 (Payment Cost Reimbursement), subparagraph "H" (Fiscal Viability) and Paragraph 10 (Payment Fee-for-Service Reimbursement), subparagraph "J" (Fiscal Viability).

### 3.3.6 Section 4: Proposer's References

Reference verification may be conducted on a sampling of the references provided as outlined in the following subsections. It is the Proposer's responsibility to assure that the point of contact's name and telephone number for each reference is accurate.

The County may, at its sole discretion, disqualify a Proposer and/or deduct evaluation points, if:

- Proposer fails to provide the required number of references;
- References fail to substantiate Proposer's description of the services provided; or
- References fail to support that Proposer has a continuing pattern of providing capable, productive, and skilled personnel, or
- OAPP is unable to reach the point of contact with reasonable effort. It is the Proposer's responsibility to inform OAPP's point of contact of reference's normal working hours.

Proposer must provide the information required on each reference form as instructed and any other identifying information (e.g., contract and/or account number) that may be required to properly refer to Proposer, while verifying Proposer's experience in serving past and current clients/employers. Proposer shall list and highlight their experiences and references with clients/employers that are: 1) government related (e.g., city, County, State, or federal) or large scale corporate clients; 2) have projects that are of the same size, scale, and/or have similar requirements as required under this RFP, and/or; 3) are located in the Los Angeles County area. Proposer must provide the following type of references in its Section 4:

### **3.3.6.a Proposer's List of Current & Active Contracts (References)**

Proposer must complete and submit Appendix D (Required Forms), Form #10 (Proposer's List of Current & Active Contracts) to provide three (3) public entity references whom the Proposer has provided HCT services in the last five (5) years or HIV prevention services in the last three (3) years as it relates to Proposer's and current and active HCT and/or HIV prevention services contracts with public entities.

### **3.3.6.b Proposer's List of Terminated Contracts (References)**

Proposer must complete and submit Appendix D (Required Forms), Form #11 (Proposer's List of Terminated Contracts) to provide three (3) references for whom the Proposer has provided HCT services in the last five (5) years or HIV prevention services in the last three (3) years and provide an explanation for each termination.

### **3.3.7 Section 5: RFP Required Forms**

Proposer must complete and submit all the following forms, of Appendix D (Required Forms), in its Section 5 as follows:

- Form A: Proposal Checklist
- Form #2: Intentionally Omitted
- Form #8: Proposer's Organization Questionnaire/Affidavit
- Form #12: Certification of No Conflict of Interest
- Form #13: Familiarity with the County Lobbyist Ordinance Certification
- Form #14: Proposer's EEO Certification
- Form #15: Attestation of Willingness to Consider GAIN/GROW Participants
- Form #16: County of Los Angeles Contractor Employee Jury Service Program Certification and Application for Exception

Form #18: Charitable Contributions Certification

Form #19: Acceptance of Terms and Conditions Affirmation

### 3.4 PROPOSER'S PROGRAMMATIC SECTION

The content and sequence of Proposer's Programmatic Section must be as follows:

#### 3.4.1 Title/Cover Page

Title/Cover Page identifying the Section, which bear the words "**PROGRAMMATIC SECTION FOR THE HIV COUNSELING AND TESTING SERVICES RFP: PH-OAPP-#2008-01 (HCT)**" and Proposer's name.

#### 3.4.2 Table of Contents

List all material included in Programmatic Section of the proposal. Include a clear definition of the material, identified by sequential page numbers and by section reference number, sequenced and labeled as follows:

#### 3.4.3 Section 1: Executive Summary

In its Section 1, Proposer is to condense and highlight the contents of its proposal to provide OAPP with a broad understanding of the Proposer's approach, qualifications, experience, and staffing. There should be a separate Executive Summary for each category of service for which the Proposer is requesting funding. Each summary shall be in a narrative format and is limited to one (1) page.

#### 3.4.4 Section 2: Proposer's Organizational Information

In its Section 2, Proposer must respond to the **Proposer's Organizational Information** section, outlined in RFP Part 4 (Programmatic Criteria) for each service category in which Proposer is requesting funding. Proposer must provide a title page that separates and identifies each service category under Proposer's Organizational Information.

#### 3.4.5 Section 3: Proposer's Statement of Need

In its Section 3, Proposer must respond to the **Proposer's Statement of Need** section, outlined in RFP Part 4 (Proposal Criteria) for each service category in which Proposer is requesting funding. Proposer must provide a title page that separates and identifies each service category under Proposer's Statement of Need.

#### **3.4.6 Section 4: Proposer's Program Plan**

In its Section 4, Proposer must respond to the **Proposer's Program Plan** section, outlined in RFP Part 4 (Proposal Criteria) for **each** service category in which Proposer is requesting funding. Proposer must provide a title page that separates and identifies each service category under Proposer's Program Plan.

#### **3.4.7 Section 5: Proposer's Past Data**

In its Section 5, Proposer must respond to the **Proposer's Past Data** section, outlined in RFP Part 4 (Proposal Criteria) for **each** service category in which Proposer is requesting funding. Proposer must provide a title page that separates and identifies each service category under Proposer's Past Data.

#### **3.4.8 Section 6: Proposed Scope of Work (Units of Service)**

In its Section 6, Proposer must respond to the **Proposed Scope of Work (Units of Service)** section, outlined in RFP Part 4 (Proposal Criteria) for **each** service category in which Proposer is requesting funding. Proposer must provide a title page that separates and identifies each service category under Proposer's Proposed Scope of Work.

#### **3.4.9 Section 7: Proposer's Evaluation & Quality Management Plan**

In its Section 7, Proposer must respond to the **Proposer's Evaluation & Quality Management Plan** section, outlined in RFP Part 4 (Proposal Criteria) for **each** service category in which Proposer is requesting funding. Proposer must provide a title page that separates and identifies each service category under Proposer's Evaluation & Quality Management Plan.

#### **3.4.10 Section 8: Proposer's Additional Services (OPTIONAL)**

This is an **optional** category. In its Section 8, Proposer may respond to the **Proposer's Additional Services** section (as applicable), outlined in RFP Part 4 (Proposal Criteria) for **each** applicable service category for which Proposer is requesting funding. Proposer must provide a title page that separates and identifies each service category under Proposer's Additional Services.

#### **3.4.11 Section 9: Proposer's Budget**

In its Section 9, Proposer must respond to the **Proposer's Budget** section, outlined in RFP Part 4 (Proposal Criteria) for **each** service category for which Proposer is requesting funding. Proposer must provide a title page that separates and identifies each service category under Proposer's Budget.

Proposer must submit the applicable budget category form(s) located in Appendix D (Required Forms), for each category in which Proposer intends to apply for funding, as outlined below:

- Form #3: Proposer's Budget-Category 1 (Fee-for-Service Budget Form)
- Form #4: Proposer's Budget-Category 2 (Fee-for-Service & Modified Fee-for-Service Budget Form)
- Form #5: Proposer's Cost for Additional Services for Categories 1, 2 & 4
- Form #6: Proposer's Budget-Categories 3, 4 & 5 (Cost Reimbursement Budget Form)
- Form #7: Proposer's Budget-Category 5 (Proposer's In-Kind/Leveraged Support Services Form)
- Form #17: Certification of Independent Price Determination and Acknowledgement of RFP Restrictions

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## **PART 4 – PROGRAMMATIC CRITERIA**

Proposer must respond, in narrative format (where indicated), to each programmatic criteria for each of the service categories for which Proposer is applying for funding. Proposers may apply for multiple service categories. However, responses to the programmatic criteria must be separated, by service category, for which Proposer is applying for funding.

The programmatic criteria for each of the service categories are outlined below:

### **4.1 PROGRAMMATIC CRITERIA FOR CATEGORY 1: COMMUNITY SETTING PROGRAM: HCT SERVICES PROVIDED IN STOREFRONTS**

Category 1 services includes HIV risk assessment counseling, rapid and non-rapid HIV-antibody testing, disclosure counseling, post-disclosure counseling, partner elicitation counseling and referral services (PCRS) and is targeted to high-risk persons of unknown HIV status.

Funding under this category will support HIV testing services within community settings including storefronts, agency sites, high risk venues as described within the Los Angeles County HIV Prevention Plan and other community areas. These sites must be located in areas that will reach high-risk populations and areas as described by the *Los Angeles County HIV Prevention Plan 2009-2013*.

Category 1 will **not** support testing in: correctional facilities; bath-houses and sex clubs; clinical settings (unless following HCT Guidelines); mobile testing units; and HIV/AIDS medical outpatient sites. (Clinics may apply for Storefront testing if following California Office of AIDS HCT Guidelines and not the CDC's Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.) Proposed HCT programs in Category 1 may target multiple high-risk populations and/or geographic areas (e.g., zip codes) that are highly impacted by the HIV/AIDS epidemic. Proposed areas must clearly describe how the targeted areas are determined.

In addition, proposed programs under Category 1 may integrate Sexually Transmitted Disease, hepatitis testing, and/or hepatitis vaccination. STD, hepatitis testing and vaccinations are encouraged for populations mentioned above. STD and hepatitis services must follow OAPP guidelines.

#### **4.1.1 Proposer's Organizational Information (Category 1) – Narrative Format (where applicable) Two (2) Page Limit**

1. How long has your organization been in existence (years)? (Please answer in number of years only, i.e., "**10 years**". Do not include any other narrative.)

2. How many years has the organization implemented HCT services? (Please answer in number of years only, i.e., “**4 years**”. Do not include any other narrative.)
3. How many years has the organization implemented HIV prevention services (e.g., HIV counseling and testing, HIV health education/risk reduction) directly with clients/patients. (Please answer in number of years only, i.e., “**3 years**”. Do not include any other narrative.)
4. Please describe your agency's staff recruitment and staff retention plan. In this description describe staff turnover challenges you have had with agency staff, especially line staff (e.g., counselors, health educators) and how your agency handled this issue. Also include the frequency of staff turnover at your agency.
5. What services does your agency currently provide?
6. How does the proposed service promote your organization’s mission? Characterize how the proposed service relates to the services currently provided by your agency.
7. Describe your agency’s capacity to deliver HCT services consistent with OAPP and PPC priorities and guidelines. Give an account of the infrastructure already in place or that is planned to be in place to support this program.
8. Describe your agency’s collaborations and/or relationships with other community service organizations that are currently utilized, or that are planned for establishment, to address any gaps in experience with the service category or the target population.
9. Describe your agency’s involvement and participation or planned involvement and participation in the HIV prevention community planning process and the Service Provider Networks.
10. Explain your understanding of the Los Angeles County’s goal for diagnosing those with undiagnosed HIV infection. How will your organization contribute to meeting this prevention priority goal?

**4.1.2 Proposer’s Statement of Need (Category 1) – Narrative and Table Format Two (2) Page Limit**

- 1a. What population(s) do you intend to target for these services and/or what population(s) will benefit from the implementation of the proposed services? How do these populations align with the Los Angeles County

HIV prevention plan 2009-2013? Identify the SPAs and percentage of direct service time spent in each SPA by completing the chart below:

- 1b. If targeting highly impacted areas only, describe why your organization is proposing to target by geography. Describe the methodology your agency utilized to determine the targeted areas. Fully describe how services in the proposed areas will reach individuals with undiagnosed HIV infection differently from reaching individuals in other areas.

**Table 1A. Proposed Populations and SPAs**

A. What Population(s) and Area(s) do you intend to target with this proposed program?								
B. Identify SPA(s) (circle all that apply):	1	2	3	4	5	6	7	8
C. Percent of services to be provided in each SPA:								
D. Total Percentage:	100%							

2. What is/are the specific HIV prevention needs of the population(s) and/or areas identified? If discussing co-factors of HIV risk, please indicate how the co-factors affect the HIV risk behaviors of the proposed population(s). Describe the impact on the HIV risk associated with the co-factors for the proposed population(s).

**4.1.3 Proposer’s Program Plan (Category 1) – Narrative Format Five (5) Page Limit**

1. Describe the program design for this project. Describe how this project will ensure that it will reach and serve the proposed population(s).
2. Describe how the proposed program will provide:
  - a. linkage to medical care and services for persons newly diagnosed with HIV infection;
  - b. linkage to prevention programs for persons newly diagnosed with HIV infection (e.g., Healthy Relationships), and;
  - c. referrals for needed services for those at high-risk for HIV.
3. Describe how the proposed program will ensure that persons who are newly diagnosed with HIV infection receive partner counseling and referral services (PCRS) for identification, notification, counseling and testing of spouses and other sex partners, drug injection partners, respiratory contacts of TB co-infected persons and household contacts of persons with HBV infection.

4. Explain how the proposed program will keep track of the HIV positivity rate for the program. Describe the process, or processes, by which sites will implement change in order to maintain an HIV positivity rate equal to, or higher than the County's goal as articulated in the annual CDC application (e.g., 2006 County's HIV positivity rate = 1.42%)
5. Describe the staffing pattern of the proposed program. Indicate how many full time equivalent (FTE) employees will implement the intervention and the staff qualifications for these positions. Estimate the percentage of time dedicated to data entry.

**4.1.4 Proposer's Past Data (Category 1) – Table Format One (1) Page Limit**

Please provide data, in a recreation of the illustrated chart based on one (1) of the scenarios as described below:

- 1.a If your agency provided HIV testing services, please populate the chart with data for calendar year 2006 or the most recent annual data...
- 1.b If your agency does not conduct HIV testing but collaborates with other organizations to provide testing services at your agency or at agency sponsored events (e.g. street outreach), please provide this data for the most recent calendar year.
- 1.c If none of this applies, please indicate "Not Applicable".

**Table 1B. Method of Calculation**

Timeframe (e.g., Jan. 1, 2006 through Dec. 31, 2006)	Number of HIV Tests	HIV Positivity Rate (e.g., 1.42%)	Overall Disclosure Rate (e.g., 85%)	HIV Positive Disclosure Rate (e.g., 95%)	Funding Source (e.g., CDC, OAPP)	Modality & Site (e.g., Rapid HIV Testing Storefront in Compton)
<b>Method of Calculation</b>						
		Number of HIV Positive Tests/Total Number of Tests Conducted	Number of Testers Receiving Their Results/Number of Testers	Number of Positive Testers Receiving Their Results/Number of HIV Positive Testers		

**4.1.5 Proposed Scope of Work (Units of Service) (Category 1) – Table Format One (1) Page Limit**

Complete the worksheets below:

**1. Worksheet #1 – Proposed Program Estimates (Category 1)**

The information in this section is for your proposed new program; the information should be future projections.

**Table 1C. Proposed Program Estimates**

<b>WORKSHEET #1: PROPOSED PROGRAM ESTIMATES (CATEGORY 1)</b>	
1. <u>Proposed Total Number of Tests</u> Enter the estimated total number of HIV tests your program will conduct under the proposed program for one calendar year. (Assume a full year of testing without start-up time.)	Proposed Total Tests for Calendar Year 2009
2. <u>Proposed Total Number of Newly Identified HIV Infections</u> Enter the estimated total number of newly identified HIV infections your program will find under the proposed program.	Proposed Identified New Infections
3. <u>Proposed Total Number of Disclosure Counseling Sessions</u> Enter the estimated total number of high-risk negative and HIV-positive clients that will receive a Disclosure Counseling Session under the proposed program.	Proposed Total Disclosure Sessions
4. <u>Proposed Total Number of Linked Referrals</u> Enter the estimated total number of clients that will receive a linked referral under this program.	Proposed Total Linked Referrals
5. <u>Proposed Total Number of Partner Counseling &amp; Referral Services (PCRS)</u> Enter the estimated total number of clients that will be offered a PCRS session under this program.	Proposed Total Number of PCRS sessions

**2. Worksheet #2 – Target Population Information (Category 1)**

Please list the estimated percent of clients you plan to serve within the following:

**Table 1D. Target Population Information**

WORKSHEET #2: TARGET POPULATION INFORMATION (CATEGORY 1)	
<b>GENDER</b>	Estimate Percentage of Clients
Male	
Female	
Transgender	
TOTAL	100%
<b>RACE/ETHNICITY</b>	Estimate Percentage of Clients
American Indian/Alaskan Native	
Asian Pacific Islander	
Black/African American	
Latino/Hispanic	
White	
TOTAL	100%

**4.1.6 Proposer’s Evaluation and Quality Management Plan (Category 1) – Narrative Format Two (2) Page Limit**

1. Describe the evaluation and quality management activities proposed for this program. In your description, please include what program indicators will be used and how this program will incorporate staff and client feedback to improve services.
2. Describe the training and ongoing technical assistance staff will receive to ensure that evaluation and quality management activities and protocols are being properly implemented.
3. How will you ensure that the data submitted to OAPP are accurate, complete and submitted in a timely manner? Describe the staffing plan to meet data management requirements.
4. How will your agency ensure that this program is culturally competent?

**4.1.7 Proposer’s Additional Services-Optional-(Category 1) – Table and Narrative Format One (1) Page Limit**

1. Does your agency intend to implement the following services:

**Table 1E. Additional Services (Optional)**

Service	Check all that apply	Units of Service (e.g. number of syphilis tests, number of vaccinations)
Syphilis Screening		
Chlamydia Screening		
Gonorrhea Screening		
Hepatitis A (Hep A) Screening		
Hepatitis B (Hep B) Screening		
Hepatitis C (Hep C) Screening		
Hepatitis A (HAV) Vaccination		
Hepatitis B (HBV) Vaccination		

2. Describe your organization’s capacity to provide STD and hepatitis screening and hepatitis A and B vaccination through this program (include which specific STD tests will be implemented.) Describe how your agency will incorporate these services into the proposed testing program.
3. Estimate the amount of annual funding needed to implement the above services. Amounts should include costs associated with the following:
  - a. STD and hepatitis testing supplies;
  - b. Phlebotomy certification (or include the number of trained staff already in place);
  - c. Lab costs;
  - d. Staffing (in addition to the HCT program staff. HCT staff should not be identified on the budget). Name all staff positions, and;
  - e. Include costs that can be offset by the agency

Complete the budget form found in Appendix D (Required Forms), Form #5 (Proposer’s Cost for Additional Services for Categories 1, 2 & 4) as it relates to Proposer’s Additional Services (Category 1).

**4.1.8 Proposer’s Budget (Category 1)**

Complete the budget form(s) found in Appendix D (Required Forms), Form #3 (Proposer’s Budget-Category 1 Fee-for-Service Budget Form) and Form #5 (Proposer’s Cost for Additional Services For Categories 1, 2 & 4). The budget submitted with the proposal should reflect all of the significant activities described in Appendix C (Technical Exhibits), Exhibit C1 and Attachment C1-1 for a twelve (12) month period.

#### **4.2 PROGRAMMATIC CRITERIA FOR CATEGORY 2: MOBILE TESTING UNIT PROGRAM: HCT SERVICES PROVIDED IN MOBILE TESTING UNITS**

Category 2 will support HIV counseling and testing services provided in a mobile testing unit. Category 2 services are similar to Category 1 services but will be provided within a mobile testing unit. Agencies can apply for only one Mobile Testing Unit Program.

HIV Counseling and Testing services for this category includes HIV risk assessment counseling, rapid and non-rapid HIV-antibody testing, disclosure counseling, post-disclosure counseling, partner elicitation counseling and referral (PCRS) and is targeted to high-risk persons of unknown HIV status.

Funding under this category will support HIV testing services within mobile testing units at high-risk venues and other sites that will reach high-risk populations and areas as described by the *Los Angeles County HIV Prevention Plan 2009-2013*.

Proposed HCT programs in Category 2 may target multiple high-risk populations and/or geographic areas (e.g., zip codes) that are highly impacted by the HIV/AIDS epidemic. Proposers must clearly describe how the targeted areas are determined.

In addition, proposed programs under Category 2 may integrate Sexually Transmitted Disease, hepatitis testing, and/or hepatitis vaccination. STD, hepatitis testing and vaccinations are encouraged for populations mentioned above. STD and hepatitis services must follow OAPP guidelines.

Category 2 will **not** support the purchase of new vehicles. Mobile testing units will be provided by OAPP. Applicants under this category are not required to be a currently funded mobile testing unit provider. However, if an organization already owns or plans to purchase a new mobile testing unit, with their own funds, the maintenance costs for one (1) mobile testing unit (i.e., generator service, water/sewage, cleaning, vehicle insurance, fuel, vehicle maintenance and repair costs), can be supported through the proposal funds. However, in order to provide HIV, STD or hepatitis services provided from this mobile testing unit the vehicle must meet OAPP specifications before operation and all services must follow OAPP service guidelines.

##### **4.2.1 Proposer's Organizational Information (Category 2) Narrative Format (where applicable) Two (2) Page Limit**

1. How long has your organization been in existence? (Please answer in number of years only, i.e., "**10 years**". Do not include any other narrative.)

2. How many years has the organization implemented HIV testing (years)? (Please answer in number of years only, i.e., “4 years”. Do not include any other narrative.)
3. How many years has the organization implemented HIV prevention services (e.g., HIV counseling and testing, HIV health education/risk reduction) directly to clients/patients? (Please answer in number of years only, i.e., “3 years”. Do not include any other narrative.)
4. Please describe your agency's staff retention plan. In this description, describe staff turnover challenges you have had with agency staff, especially line staff (e.g., counselors, health educators) and how your agency handled this issue. Also include the frequency of staff turnover at your agency.
5. Describe the history of your organization including your mission and/or share your purpose statement. What is your agency's prior history or work with the County or other public agencies? What services does your agency currently provide?
6. How does the proposed service promote your organization's mission? How does the proposed service relate to the services currently provided by your agency?
7. What is your agency's capacity to deliver HIV testing services that are consistent with the OAPP and PPC priorities?
8. What collaborations/relationships with other organizations will you establish or do you have to address any gaps in experience?
9. Describe your agency's involvement and participation in the HIV prevention community planning process and the Service Provider Networks.
10. Explain your understanding of the Los Angeles County's goal for diagnosing those with undiagnosed infection. How will your organization contribute to meeting this prevention priority goal?

**4.2.2 Proposer's Statement of Need (Category 2) – Narrative and Table Format Two (2) Page Limit**

- 1a. What population(s) do you intend to target for these services and/or what population(s) will benefit from the implementation of the proposed services? How do these populations align with the Los Angeles County HIV prevention plan 2009-2013? Identify the SPAs and percentage of direct service time spent in each SPA by completing the chart below:

- 1b. If targeting highly impacted areas only, describe why your organization is proposing to target by geography. Describe the methodology your agency utilized to determine the targeted areas. Fully describe how services in the proposed areas will reach individuals with undiagnosed HIV infection differently from reaching individuals in other areas.

**Table 2A. Proposed Populations and SPAs**

A. What Population(s) and Area(s) do you intend to target with this proposed program?								
B. Identify SPA(s) (circle all that apply):	1	2	3	4	5	6	7	8
C. Percent of services to be provided in each SPA:								
D. Total Percentage:	100%							

2. What is/are the specific HIV prevention needs of the population(s) and/or areas identified? If discussing co-factors of HIV risk, please indicate how the co-factors affect the HIV risk behaviors of the proposed population(s). Describe the impact on the HIV risk associated with the co-factors for the proposed population(s).

**4.2.3 Proposer’s Program Plan (Category 2) – Narrative Format Five (5) Page Limit**

1. Describe the program design for this project. Describe how this project will ensure that it will reach and serve the proposed population(s).
2. Describe how the proposed program will provide:
  - a. linkage to medical care and services for persons newly diagnosed with HIV infection.
  - b. linkage to prevention programs for persons newly diagnosed with HIV infection (e.g., Healthy Relationships).
  - c. referrals for needed services for those at high-risk for HIV.
3. Describe how the proposed program will ensure that persons who are newly diagnosed with HIV infection receive partner counseling and referral services (PCRS) for identification, notification, counseling, and testing of spouses and other sex partners, drug injection partners, respiratory contacts of TB co-infected persons and household contacts of persons with HBV infection.
4. Describe how the proposed program will keep track of the HIV positivity rate and the process of how sites or processes will change in order to maintain an HIV positivity rate equal to or higher than the County’s average.

5. Describe the staffing pattern of the proposed program. Indicate how many full time equivalent (FTE) employees will implement the intervention and the staff qualifications for these positions. Estimate the percentage of time dedicated to data entry.

**4.2.4 Proposer’s Past Data (Category 2) – Table Format One (1) Page Limit**

Please provide data, in a recreation of the illustrated chart based on one (1) of the scenarios as described below:

- 1.a If your agency provided HIV testing services, please populate the chart with data for calendar year 2006 or the most recent annual data...
- 1.b If your agency does not conduct HIV testing but collaborates with other organizations to provide testing services at your agency or at agency sponsored events (e.g. street outreach), please provide this data for the most recent calendar year.
- 1.c If none of this applies, please indicate “Not Applicable”.

**Table 2B. Method of Calculation**

Timeframe (e.g., Jan. 1, 2006 through Dec. 31, 2006)	Number of HIV Tests	HIV Positivity Rate (e.g., 1.42%)	Overall Disclosure Rate (e.g., 85%)	HIV Positive Disclosure Rate (e.g., 95%)	Funding Source (e.g., CDC, OAPP)	Modality & Site (e.g., Rapid HIV Testing at Health Fairs and Other Sites in Highly Impacted Zip Codes in SPAs 6 & 8)
<b>Method of Calculation</b>						
		Number of HIV Positive Tests/Total Number of Tests Conducted	Number of Testers Receiving Their Results/Number of Testers	Number of Positive Testers Receiving Their Results/Number of HIV Positive Testers		

**4.2.5 Proposed Scope of Work (Units of Service) (Category 2) Table Format One (1) Page Limit**

Complete the worksheets below.

**1. Worksheet #1 – Proposed Program Estimates (Category 2)**

The information in this section is for your proposed new program; the information should be future projections.

**Table 2C. Proposed Program Estimates**

<b>WORKSHEET #1: YEAR ONE: PROPOSED PROGRAM ESTIMATES (CATEGORY 2)</b>	
<b>1. <u>Proposed Total Number of Tests</u></b> Enter the estimated total number of HIV tests your program will conduct under the proposed program for one year. (Assume a full year of testing without start-up time.)	Proposed Total Tests for Calendar Year 2009 _____
<b>2. <u>Proposed Total Number of Newly Identified HIV Infections</u></b> Enter the estimated total number of newly identified HIV infections your program will find under the proposed program.	Proposed Identified New Infections _____
<b>3. <u>Proposed Total Number of Disclosure Counseling Session</u></b> Enter the estimated total number of high-risk negative and HIV-positive clients that will receive a Disclosure Counseling Session under the proposed program.	Proposed Total Disclosure _____
<b>4. <u>Proposed Total Number of Linked Referrals</u></b> Enter the estimated total number of clients that will receive a linked referral under this program.	Proposed Total Linked Referrals _____
<b>5. <u>Proposed Total Number of Partner Counseling and Referral Services (PCRS)</u></b> Enter the estimated total number of clients that will be offered a PCRS session under this program.	Proposed Total Number of PCRS sessions _____

**2. Worksheet #2 – Target Population Information (Category 2)**

Please list the estimated percent of clients you plan to serve within the following:

**Table 2D. Target Population Information**

WORKSHEET #2: TARGET POPULATION INFORMATION (CATEGORY 2)	
GENDER	Estimate Percentage of Clients
Male	
Female	
Transgender	
TOTAL	100%
RACE/ETHNICITY	Estimate Percentage of Clients
American Indian/Alaskan Native	
Asian Pacific Islander	
Black/African American	
Latino/Hispanic	
White	
TOTAL	100%

**4.2.6 Proposer’s Evaluation and Quality Management Plan (Category 2) – Narrative Format Two (2) Page Limit**

1. Describe the evaluation and quality management activities proposed for this program. In your description, please include what program indicators will be used and how this program will incorporate staff and client feedback to improve services.
2. Describe the training and ongoing technical assistance staff will receive to ensure that evaluation and quality management activities and protocols are being properly implemented.
3. How will you ensure that the data submitted to OAPP are accurate, complete and submitted in a timely manner? Describe the staffing plan to meet data management requirements.
4. How will your agency ensure that this program is culturally competent?

**4.2.7 Proposer’s Additional Services-Optional-(Category 2) – Table and Narrative Format One (1) Page Limit**

1. Does your agency intend to implement the following services:

**Table 2E. Additional Services (Optional)**

Service	Check all that apply	Units of Service (e.g. number of syphilis tests, number of vaccinations)
Syphilis Screening		
Chlamydia Screening		
Gonorrhea Screening		
Hepatitis A (Hep A) Screening		
Hepatitis B (Hep B) Screening		
Hepatitis C (Hep C) Screening		
Hepatitis A (HAV) Vaccination		
Hepatitis B (HBV) Vaccination		

2. Describe your organization’s capacity to provide STD and hepatitis screening and hepatitis A and B vaccination through this program (include which specific STD tests will be implemented.) Describe how your agency will incorporate these services into the proposed testing program.
3. Estimate the amount of annual funding needed to implement the above services. Amounts should include costs associated with the following:
  - a. STD and hepatitis testing supplies
  - b. Phlebotomy certification (or include the number of trained staff already in place)
  - c. Lab costs
  - d. Staffing (in addition to the HCT program staff. HCT staff should not be identified on the budget). Name all staff positions
  - e. Include costs that can be offset by the agency

Complete the budget form found in Appendix D (Required Forms), Form #5 (Proposer’s Cost for Additional Services for Categories 1, 2 & 4) as it relates to Proposer’s Additional Services (Category 2).

**4.2.8 Proposer’s Budget (Category 2)**

Complete the budget form(s) found in Appendix D (Required Forms), Form #4 (Proposer’s Budget-Category 2 Fee-for-Service & Modified Fee-for-Service Budget Form) and Form #5 (Proposer’s Cost for Additional Services For Categories 1, 2 & 4). The budget submitted with the proposal should reflect all of the significant activities described in Appendix C (Technical Exhibits), Exhibit C2 and Attachment C2-1 for a twelve (12) month period.

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**4.3 PROGRAMMATIC CRITERIA FOR CATEGORY 3: MULTIPLE MORBIDITY  
MOBILE TESTING UNIT PROGRAM: HIV, STD, HEPATITIS SERVICES  
PROVIDED IN MOBILE TESTING UNITS**

Category 3 will support HIV, STD, and hepatitis A, B, and C counseling and testing services provided in a mobile testing unit. As opposed to the other funding Categories, Category 3 services will fund STD and hepatitis testing. Proposers can apply for only one Multiple Morbidity Mobile Testing Unit Program.

Recent epidemiological data suggests an increased prevalence of Sexually Transmitted Diseases (STDs) among those at risk for HIV infection in Los Angeles County (LAC). Infection with some ulcerative STDs, including syphilis, may also contribute to transmission of HIV. Recognizing that STDs e.g., syphilis, gonorrhea (GC), and chlamydia (CT) as well as viral hepatitis (A, B and C), are potential co-morbid illnesses associated with HIV. OAPP plans to continue funding multiple morbidity programs that increase the availability of testing, provision of education, vaccination when available and appropriate, and linked referrals to medical care services.

Multiple morbidity programs will focus on delivery of comprehensive services for those at risk for HIV. These services must include screening for syphilis, GC and CT, vaccination for hepatitis B and C. STD screening should be targeted to those clients at risk, and the type of STD screening will depend on the specific clients encountered through each multiple morbidity program. Proposers are encouraged to deliver specific screening services in high risk groups burdened by STD morbidity. Please refer to Appendix B (Statement of Work), Attachment 2 (STDs and Hepatitis Guidelines), Table 5 (Screening Test, Interpretation and Recommendations for STDs and Hepatitis), Table 6 (Interpretation of Serologic Test Results for Hepatitis B Infection) Table 7 (Suggested Sample of Targeted STD and Hepatitis Tests and Vaccinations Based on Risk Groups, If Targeting is Implemented).

OAPP requires all programs to comply with CDC STD screening guidelines. Vaccination for hepatitis A and B may be available to those programs targeting individuals recommended for vaccination. CDC recommendations can be downloaded from the following link:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4812a1.htm>

OAPP also requires all programs to comply with CDC hepatitis vaccination guidelines. As indicated in the vaccination guidelines, pre-vaccination serology may not be required for specific groups including, MSM, IDU and other high-risk groups. Vaccine management will be provided by Los Angeles County's Immunization Program and coordinated through OAPP.

In addition, a protocol will need to be developed wherein clients who test positive for STD's including hepatitis B or C will be referred for further medical evaluation and treatment as indicated. It is mandatory that positive test results be reported to the appropriate Department of Public Health entities.

Category 3 will **not** support the purchase of new vehicles. Mobile testing units will be provided by OAPP. Applicants under this category are not required to be a currently funded mobile testing unit provider. However, if an organization already owns or plans to purchase a new mobile testing unit, with their own funds, the maintenance costs for one (1) mobile testing unit (i.e., generator service, water/sewage, cleaning, vehicle insurance, fuel, vehicle maintenance and repair costs), can be supported through the proposal funds. However, in order to provide HIV, STD or hepatitis services provided from this mobile testing unit the vehicle must meet OAPP specifications before operation and all services must follow OAPP service guidelines.

**4.3.1 Proposer's Organizational Information (Category 3) Narrative Format (where applicable) Two (2) Page Limit**

1. How long has your organization been in existence (years)? (Please answer in number of years only, i.e., "**10 years**". Do not include any other narrative.)
2. How many years has the organization implemented HIV testing? (Please answer in number of years only, i.e., "**4 years**". Do not include any other narrative.)
3. How many years has the organization implemented HIV prevention services (e.g., HIV counseling and testing, HIV health education/risk reduction) directly to clients/patients? (Please answer in number of years only, i.e., "**3 years**". Do not include any other narrative.)
4. Please describe your agency's staff retention plan. In this description describe staff turnover challenges you have had with agency staff, especially line staff (e.g., counselors, health educators) and how your agency handled this issue. Also include the frequency of staff turnover at your agency.
5. Describe the history of your organization including your mission and/or share your purpose statement. What is your agency's prior history or work with the county or other public agencies? What services does your agency currently provide?
6. How does the proposed service promote your organization's mission? How does the proposed service relate to the services currently provided by your agency?

7. What is your agency’s capacity to deliver HIV testing services that are consistent with the OAPP and PPC priorities?
8. What collaborations/relationships with other organizations will you establish or do you have to address any gaps in experience?
9. Describe your agency’s involvement and participation in the HIV prevention community planning process and the Service Provider Networks.
10. Explain your understanding of the Los Angeles County’s goal for diagnosing those with undiagnosed infection. How will your organization contribute to meeting this prevention priority goal?

**4.3.2 Proposer’s Statement of Need (Category 3) – Narrative and Table Format Two (2) Page**

- 1a. What population(s) do you intend to target for these services and/or what population(s) will benefit from the implementation of the proposed services? How do these populations align with the Los Angeles County HIV prevention plan 2009-2013? Identify the SPAs and percentage of direct service time spent in each SPA by completing the chart below:
- 1b. If targeting highly impacted areas only, describe why your organization is proposing to target by geography. Describe the methodology your agency utilized to determine the targeted areas. Fully describe how services in the proposed areas will reach individuals with undiagnosed HIV infection differently from reaching individuals in other areas.

**Table 3A. Proposed Populations and SPAs**

B. What Population(s) and Area(s) do you intend to target with this proposed program?								
B. Identify SPA(s) (circle all that apply):	1	2	3	4	5	6	7	8
C. Percent of services to be provided in each SPA:								
D. Total Percentage:	100%							

2. What is/are the specific HIV prevention needs of the population(s) and/or areas identified? If discussing co-factors of HIV risk, please indicate how the co-factors affect the HIV risk behaviors of the proposed population(s). Describe the impact on the HIV risk associated with the co-factors for the proposed population(s).

**4.3.3 Proposer's Program Plan (Category 3) – Narrative Format Five (5) Page Limit**

1. Describe the program design for this project. Describe how this project will ensure that it will target the proposed population(s). How many tests will this program intend to provide.
2. Describe how the proposed program will provide:
  - a. linkage to medical care and services for persons newly diagnosed with HIV infection.
  - b. linkage to prevention programs for persons newly diagnosed with HIV infection (e.g., Healthy Relationships).
  - c. referrals for needed services for those at high-risk for HIV.
3. Please describe how multiple morbidity testing and/or vaccines will be provided, who will provide these services, and why these services are being proposed.
4. Describe how the proposed program will ensure that persons who are newly diagnosed with HIV infection receive partner counseling and referral services (PCRS) for identification, notification, counseling, and testing of spouses and other sex partners, drug injection partners, respiratory contacts of TB co-infected persons and household contacts of persons with HBV infection.
5. Explain how the proposed program will keep track of the HIV positivity rate for the program. Describe the process, or processes, by which sites will implement change in order to maintain an HIV positivity rate equal to or higher than the County's goal as articulated in the annual CDC application (e.g., 2006 County's HIV positivity rate = 1.42%).
6. How will the proposed program offer linkage to prevention programs for persons newly diagnosed with HIV infection (e.g., Healthy Relationships)?
7. Describe the staffing pattern of the proposed program. Indicate how many full time equivalent (FTE) employees will implement the intervention and the staff qualifications for these positions. Estimate the percentage of time dedicated to data entry.

**4.3.4 Proposer's Past Data (Category 3) – Table Format One (1) Page Limit**

Please provide data, in a recreation of the illustrated chart based on one (1) of the scenarios as described below:

- 1.a If your agency provided HIV testing services, please populate the chart with data for calendar year 2006 or the most recent annual data...
- 1.b If your agency does not conduct HIV testing but collaborates with other organizations to provide testing services at your agency or at agency sponsored events (e.g. street outreach), please provide this data for the most recent calendar year.
- 1.c If none of this applies, please indicate "Not Applicable".

**Table 3B. Method of Calculation**

Timeframe (e.g., Jan. 1, 2006 through Dec. 31, 2006)	Number of HIV Tests	HIV Positivity Rate (e.g., 1.42%)	Overall Disclosure Rate (e.g., 85%)	HIV Positive Disclosure Rate (e.g., 95%)	Funding Source (e.g., CDC, OAPP)	Modality & Site (e.g., Rapid HIV Testing at Health Fairs and Other Sites in Highly Impacted Zip Codes in SPAs 6 & 8)
<b>Method of Calculation</b>						
		Number of HIV Positive Tests/Total Number of Tests Conducted	Number of Testers Receiving Their Results/Number of Testers	Number of Positive Testers Receiving Their Results/Number of HIV Positive Testers		

**4.3.5 Proposed Scope of Work (Units of Service) (Category 3) – Table Format One (1) Page Limit**

Complete the worksheets below.

**1. Worksheet #1 – Proposed Program Estimates (Category 3)**

The information in this section is for your proposed new program; the information should be future projections.

**Table 3C. Proposed Program Estimates**

<b>WORKSHEET #1 YEAR ONE: PROPOSED PROGRAM ESTIMATES (CATEGORY 3)</b>	
<b>1. <u>Proposed Total Number of Tests</u></b> Enter the estimated total number of HIV tests your program will conduct under the proposed program for one year. (Assume a full year of testing without start-up time.)	Proposed Total Tests Calendar Year 2009 _____
<b>2. <u>Proposed Total Number of Newly Identified HIV Infections</u></b> Enter the estimated total number of newly identified HIV infections your program will find under the proposed program.	Proposed Identified New Infections _____
<b>3. <u>Proposed Total Number of Disclosure Counseling Session</u></b> Enter the estimated total number of high-risk negative and HIV-positive clients that will receive a Disclosure Counseling Session under the proposed program.	Proposed Total Disclosure _____
<b>4. <u>Proposed Total Number of Linked Referrals</u></b> Enter the estimated total number of clients that will receive a linked referral under this program.	Proposed Total Linked Referrals _____
<b>5. <u>Proposed Total Number of Partner Counseling and Referral Services (PCRS)</u></b> Enter the estimated total number of clients that will be offered a PCRS session under this program.	Proposed Total Number of PCRS sessions _____

**2. Worksheet #2 – Target Population Information (Category 3)**

Please list the estimated percent of clients you plan to serve within the following:

**Table 3D. Target Population Information**

WORKSHEET #2 TARGET POPULATION INFORMATION (CATEGORY 3)	
GENDER	Estimate Percentage of Clients
Male	
Female	
Transgender	
TOTAL	100%
RACE/ETHNICITY	Estimate Percentage of Clients
American Indian/Alaskan Native	
Asian Pacific Islander	
Black/African American	
Latino/Hispanic	
White	
TOTAL	100%

**4.3.6 Proposer’s Evaluation and Quality Management Plan (Category 3) – Narrative Format Two (2) Page Limit**

1. Describe the evaluation and quality management activities proposed for this program. In your description, please include what program indicators will be used and how this program will incorporate staff and client feedback to improve services.
2. Describe the training and ongoing technical assistance staff will receive to ensure that evaluation and quality management activities and protocols are being properly implemented.
3. How will you ensure that the data submitted to OAPP are accurate, complete and submitted in a timely manner? Describe the staffing plan to meet data management requirements.
4. How will your agency ensure that this program is culturally competent?

**4.3.7 Proposer’s Budget (Category 3)**

Complete the budget form(found in Appendix D (Required Forms), Form #6 (Proposer’s Budget-Categories 3, 4 & 5 Cost Reimbursement Budget Form) The budget form submitted with the proposal should reflect all of the significant

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activities described in the Appendix C (Technical Exhibits), Exhibit C3 and Attachment C3-1 for a twelve (12) month period.

**4.4 PROGRAMMATIC CRITERIA FOR CATEGORY 4: MEN OF COLOR SOCIAL NETWORK TESTING PROGRAM: SPECIFICALLY GAY MEN AND NON-GAY IDENTIFIED MEN WHO HAVE SEX WITH MEN, TRANSGENDERS OR MULTIPLE GENDERS**

Category 4 will support up to two (2) Social Networks Testing Program that follow the 2006 CDC Social Networks Testing: A Community-Based Strategy for Identifying Persons with Undiagnosed Infection-Interim Guide for HIV Counseling, Testing and Referral Programs. The guidelines can be found at: <http://www.cdc.gov/hiv/resources/guidelines/snt/>

According to the CDC, one strategy for reaching and providing HIV Counseling and Testing to persons with undiagnosed HIV infection is the use of social networks. Enlisting HIV-positive or high-risk HIV-negative persons (i.e., recruiters) to encourage people in their network (i.e., network associates) to be tested for HIV may provide an efficient and effective route to accessing individuals who are infected, or at very high risk for becoming infected, with HIV and linking them to services [originally developed by Jordan and colleagues]. The social network approach has proven to be a viable recruitment strategy for reaching people beyond current partners.

The use of social networks is a recruitment strategy whereby public health services such as HIV counseling and testing are disseminated through the community by taking advantage of the social networks of persons who are members of the community. The strategy is based on the concept that individuals are linked together to form large social networks, and that infectious diseases often spread through these networks. The social network approach and ethnographic assessment provide a broader understanding of HIV transmission in the community and the role of all members of the network, whether infected or not, in transmission and its prevention

**4.4.1 Proposer's Organizational Information (Category 4) – Narrative Format (where applicable) Two (2) Page Limit**

1. How long has your organization been in existence (years)? (Please answer in number of years only, i.e., "**10 years**". Do not include any other narrative.)
2. How many years has the organization implemented HCT services? (Please answer in number of years only, i.e., "**4 years**". Do not include any other narrative.)

3. Describe the history of your organization including your mission and/or share your purpose statement. What is your agency's prior history or work with the County or other public agencies? What services does your agency currently provide?
4. Please describe your agency's staff retention plan. In this description, describe staff turnover challenges you have had with agency staff, especially line staff (e.g., counselors, health educators) and how your agency handled this issue. Also include the frequency of staff turnover at your agency.
5. How does the proposed service promote your organization's mission? How does the proposed service relate to the services currently provided by your agency?
6. What is your agency's capacity to deliver HIV testing services that are consistent with the CDC's Social Networks Testing guidance (please refer to [www.cdc.gov/hiv/resources/guidelines/sat](http://www.cdc.gov/hiv/resources/guidelines/sat)). What infrastructure do you have in place or plan to have in place to support this program?
7. Describe your organization's experience with providing HIV Counseling and Testing services.
8. Describe your agency's experience with providing Social Networks Testing. Proposer may share program experience with either the same or similar program designs (e.g., health education services that require social networks etc.)
9. What collaborations/relationships with other organizations will you establish or do you have in place to address any gaps in experience?
10. Describe your agency's involvement and participation in the HIV prevention community planning process and the Service Provider Networks.
11. Explain your understanding of the Los Angeles County's goal for diagnosing those with undiagnosed infection. How will your organization contribute to meeting this prevention priority goal?

**4.4.2 Proposer's Statement of Need (Category 4) – Narrative and Table Format  
Two (2) Page Limit**

- 1a. What population(s) do you intend to target for these services and/or what population(s) will benefit from the implementation of the proposed services? How do these populations align with the Los Angeles County

HIV prevention plan 2009-2013? Identify the SPAs and percentage of direct service time spent in each SPA by completing the chart below:

**Table 4A. Proposed Populations and SPAs**

C. What Population(s) and Area(s) do you intend to target with this proposed program?								
B. Identify SPA(s) (circle all that apply):	1	2	3	4	5	6	7	8
C. Percent of services to be provided in each SPA:								
D. Total Percentage:	100%							

2. What is/are the specific HIV prevention needs of the population(s) and/or areas identified? If discussing co-factors of HIV risk, please indicate how the co-factors affect the HIV risk behaviors of the proposed population(s). Describe the impact on the HIV risk associated with the co-factors for the proposed population(s).

**4.4.3 Proposer’s Program Plan (Category 4) – Narrative Format Five (5) Page Limit**

1. Describe the program design for this project. Describe how this project will ensure that it will reach and serve the proposed population(s). Describe how this project will access the designated target population.
2. Describe how this program will access HIV positive persons who will serve as potential recruiters.
3. Describe your organization’s experience with linked referral tracking systems.
4. Describe how the proposed program will provide:
  - a. linkage to medical care and services for persons newly diagnosed with HIV infection.
  - b. linkage to prevention programs for persons newly diagnosed with HIV infection (e.g., Healthy Relationships).
  - c. referrals for needed services for those at high-risk for HIV.
5. Describe how the proposed program will ensure that persons who are newly diagnosed with HIV infection receive partner counseling and referral services (PCRS) for identification, notification, counseling, and testing of spouses and other sex partners, drug injection partners, respiratory contacts of TB co-infected persons and household contacts of persons with HBV infection.
6. Describe the staffing pattern of the proposed program. Indicate how many full time equivalent (FTE) employees will implement the intervention and

the staff qualifications for these positions. Estimate the percentage of time dedicated to data entry.

**4.4.4 Proposer’s Past Data (Category 4) – Table Format One (1) Page Limit  
Table Format**

Please provide data, in a recreation of the illustrated chart based on one (1) of the scenarios as described below:

- 1.a If your agency provided HIV testing services, please populate the chart with data for calendar year 2006 or the most recent annual data...
- 1.b If your agency does not conduct HIV testing but collaborates with other organizations to provide testing services at your agency or at agency sponsored events (e.g. street outreach), please provide this data for the most recent calendar year.
- 1.c If none of this applies, please indicate “Not Applicable”.

**Table 4B. Method of Calculation**

Timeframe (e.g., Jan. 1, 2006 through Dec. 31, 2006)	Number of HIV Tests	HIV Positivity Rate (e.g., 1.42%)	Overall Disclosure Rate (e.g., 85%)	HIV Positive Disclosure Rate (e.g., 95%)	Funding Source (e.g., CDC, OAPP)	Modality & Site (e.g., Rapid HIV Testing Storefront in Compton)
<b>Method of Calculation</b>						
		Number of HIV Positive Tests/Total Number of Tests Conducted	Number of Testers Receiving Their Results/Number of Testers	Number of Positive Testers Receiving Their Results/Number of HIV Positive Testers		

**4.4.5 Proposed Scope of Work (Units of Service) (Category 4) – Table Format One (1) Page Limit**

Complete the worksheets below.

**1. Worksheet #1 – Proposed Program Estimates (Category 4)**

The information in this section is for your proposed new program; the information should be future projections.

**Table 4C. Proposed Program Estimates**

<b>WORKSHEET #1: YEAR ONE: PROPOSED PROGRAM ESTIMATES (CATEGORY 4)</b>	
<b>1. <u>Proposed Total Number of Annual Tests</u></b> Enter the estimated total number of HIV tests your program will conduct under the proposed program for one year. (Assume a full year of testing without start-up time.)	Proposed Total Tests Calendar Year 2009 _____
<b>2. <u>Proposed Total Number of Newly Identified HIV Infections</u></b> Enter the estimated total number of newly identified HIV infections your program will find under the proposed program.	Proposed Identified New Infections _____
<b>3. <u>Proposed Total Number of Disclosure Counseling Session</u></b> Enter the estimated total number of high-risk negative and HIV-positive clients that will receive a Disclosure Counseling Session under the proposed program.	Proposed Total Disclosure _____
<b>4. <u>Proposed Total Number of Linked Referrals</u></b> Enter the estimated total number of clients that will receive a linked referral under this program.	Proposed Total Linked Referrals _____
<b>5. <u>Proposed Total Number of Partner Counseling and Referral Services (PCRS)</u></b> Enter the estimated total number of clients that will be offered a PCRS session under this program.	Proposed Total Number of PCRS sessions _____

**2. Worksheet #2 – Target Population Information (Category 4)**

Please list the estimated percent of clients you plan to serve within the following:

**Table 4D. Target Population Information**

WORKSHEET #2: TARGET POPULATION INFORMATION (CATEGORY 4)	
GENDER	Estimate Percentage of Clients
Male	
Female	
Transgender	
TOTAL	100%
RACE/ETHNICITY	Estimate Percentage of Clients
American Indian/Alaskan Native	
Asian Pacific Islander	
Black/African American	
Latino/Hispanic	
White	
TOTAL	100%

**4.4.6 Proposer’s Evaluation and Quality Management Plan (Category 4) – Narrative Format Two (2) Page Limit**

1. Describe the evaluation and quality management activities proposed for this program. In your description, please include what program indicators will be used and how this program will incorporate staff and client feedback to improve services.
2. Describe the training and ongoing technical assistance staff will receive to ensure that evaluation and quality management activities and protocols are being properly implemented.
3. How will you ensure that the data submitted to OAPP are accurate, complete and submitted in a timely manner? Describe the staffing plan to meet data management requirements.
4. How will your agency ensure that this program is culturally competent?

**4.4.7 Proposer’s Additional Services- Optional-(Category 4) - Table and Narrative Format One (1) Page Limit**

1. Does your agency intend to implement the following services:

**Table 4E. Additional Services (Optional)**

Service	Check all that apply	Units of Service (e.g. number of syphilis tests, number of vaccinations)
Syphilis Screening		
Chlamydia Screening		
Gonorrhea Screening		
Hepatitis A (Hep A) Screening		
Hepatitis B (Hep B) Screening		
Hepatitis C (Hep C) Screening		
Hepatitis A (HAV) Vaccination		
Hepatitis B (HBV) Vaccination		

2. Describe your organization’s capacity to provide STD and hepatitis screening and hepatitis A and B vaccination through this program. Include which specific STD tests will be implemented. Describe how your agency will incorporate these services into the proposed testing program.
3. Estimate the amount of funding needed to implement the above services. Amounts should include costs associated with the following:
  - a. STD and hepatitis testing supplies
  - b. Phlebotomy certification (or include the number of trained staff already in place)
  - c. Lab costs
  - d. Staffing (in addition to the HCT program staff. HCT staff should not be identified in the budget.)
  - e. Include costs that can be offset by the agency

Complete the budget form found in Appendix D (Required Forms), Form #5 (Proposer’s Cost for Additional Services For Categories 1, 2 & 4) as it relates to Proposer’s Additional Services (Category 4).

**4.4.8 Proposer’s Budget (Category 4)**

Complete the budget form(s) found in Appendix D (Required Forms), Form #5 and Form #6. The budget forms submitted with the proposal should reflect all of the significant activities described in Appendix C (Technical Exhibits), Exhibit C4 and Attachment C4-1 for a twelve (12) month period.

**4.5 PROGRAMMATIC CRITERIA FOR CATEGORY 5: ROUTINE HIV TESTING IN NON-COUNTY OPERATED CLINICAL SETTINGS: HCT SERVICES TO BE HIGHLY FOCUSED IN SPAS 4, 6 AND 8).**

HIV testing services under this category will fund programs that follow the CDC's Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. These can be found in: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

The objectives of these recommendations are to increase HIV screening of patients, including pregnant women, in health-care settings; foster earlier detection of HIV infection; identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services; and further reduce the perinatal transmission of HIV in the United States. The goal of this Category is to support routine HIV testing services in health-care settings.

For the purposes of this proposal, agencies eligible to apply under this category must select from the following clinic setting types:

- Emergency departments
- Community clinics
- Inpatient medical units
- Urgent care clinics

**Proposers must also share how they plan to leverage funds for this Category in their program.**

**4.5.1 Proposer's Organization Information (Category 5) – Narrative Format (where applicable) Two (2) Page Limit**

1. How long has the organization been in existence (years)? (Please answer in number of years only, i.e., "**10 years**". Do not include any other narrative.)
2. How many years has the organization implemented HIV testing? (Please answer in number of years only, i.e., "**4 years**". Do not include any other narrative.)
3. How many years has the organization implemented HIV prevention services (e.g., HIV counseling and testing, HIV health education/risk reduction) directly to clients/patients? (Please answer in number of years only, i.e., "**3 years**". Do not include any other narrative.)
4. Please describe your agency's staff retention plan. In this description, describe staff turnover challenges you have had with agency staff, especially line staff (e.g., counselors, health educators) and how your

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agency handled this issue. Also include the frequency of staff turnover at your agency.

5. Describe the history of your organization including your mission and/or purpose statement. What is your agency's prior history or work with the County or other public agencies? What services does your agency currently provide?
6. How does the proposed service promote your organization's mission? How does the proposed service relate to the services currently provided by your agency?
7. What is your agency's capacity to deliver HIV testing services that are consistent with the CDC's Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings? These can be found at:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514at.htm>.
8. Describe your organization's experience with providing HIV testing.
9. What infrastructure do you have in place or plan to have in place to support this program?
10. What collaborations/relationships with other organizations will you establish or do you have in place to address any gaps in experience?
11. Describe your agency's involvement and participation in the HIV prevention community planning process and the Service Provider Networks.
12. Explain your understanding of the Los Angeles County's goal for diagnosing those with undiagnosed infection. How will your organization contribute to meeting this prevention priority goal?

**4.5.2 Proposer's Statement of Need (Category 5) – Narrative and Table Format Two (2) Page Limit**

- 1a. What population(s) do you intend to target for these services and/or what population(s) will benefit from the implementation of the proposed services? How do these populations align with the Los Angeles County HIV prevention plan 2009-2013? Identify the SPAs and percentage of direct service time spent in each SPA by completing the chart below:
- 1b. If targeting highly impacted areas only, describe why your organization is proposing to target by geography. Describe the methodology your agency utilized to determine the targeted areas. Fully describe how services in

the proposed areas will reach individuals with undiagnosed HIV infection differently from reaching individuals in other areas.

**Table 5A. Proposed Populations and SPAs**

D. What Population(s) and Area(s) do you intend to target with this proposed program?								
B. Identify SPA(s) (circle all that apply):	1	2	3	4	5	6	7	8
C. Percent of services to be provided in each SPA:								
D. Total Percentage:	100%							

2. What is/are the specific HIV prevention needs of the population(s) and/or areas identified? If discussing co-factors of HIV risk, please indicate how the co-factors affect the HIV risk behaviors of the proposed population(s). Describe the impact on the HIV risk associated with the co-factors for the proposed population(s).

**4.5.3 Proposer’s Program Plan (Category 5) – Narrative Format Five (5) Page Limit**

1. Describe the program design for this project. Describe how this project will ensure that it will target the proposed population(s).
2. Describe how the proposed program will fit into existing clinic processes and clinic flow. Describe the consent process and how patients will be offered an HIV test.
3. Describe how the proposed program will provide:
  - a. linkage to medical care and services for persons newly diagnosed with HIV infection.
  - b. linkage to prevention programs for persons newly diagnosed with HIV infection (e.g., Healthy Relationships).
  - c. referrals for needed services for those at high-risk for HIV.
4. Describe how the proposed program will ensure that persons who are newly diagnosed with HIV infection receive partner counseling and referral services (PCRS) for identification, notification, counseling, and testing of spouses and other sex partners, drug injection partners, respiratory contacts of TB co-infected persons and household contacts of persons with HBV infection.
5. Describe the staffing pattern of the proposed program. Indicate how many full time equivalent (FTE) employees will implement the intervention and

the staff qualifications for these positions. Estimate the percentage of time dedicated to data entry.

**4.5.4 Proposer’s Past Data (Category 5) -- Table Format One (1) Page Limit**

Please provide data, in a recreation of the illustrated chart based on one (1) of the scenarios as described below:

- 1.a If your agency provided HIV testing services, please populate the chart with data for calendar year 2006 or the most recent annual data...
- 1.b If your agency does not conduct HIV testing but collaborates with other organizations to provide testing services at your agency or at agency sponsored events (e.g. street outreach), please provide this data for the most recent calendar year.
- 1.c If none of this applies, please indicate “Not Applicable”.

**Table 5B. Method of Calculation**

Timeframe (e.g., Jan. 1, 2006 through Dec. 31, 2006)	Number of HIV Tests	HIV Positivity Rate (e.g., 1.42%)	Overall Disclosure Rate (e.g., 85%)	HIV Positive Disclosure Rate (e.g., 95%)	Funding Source (e.g., CDC, OAPP)	Modality & Site (e.g., Rapid HIV Testing Storefront in Compton)
<b>Method of Calculation</b>						
		Number of HIV Positive Tests/Total Number of Tests Conducted	Number of Testers Receiving Their Results/Number of Testers	Number of Positive Testers Receiving Their Results/Number of HIV Positive Testers		

**4.5.5 Proposed Scope of Work (Units of Service) (Category 5) – Table Format One (1) Page Limit**

Complete the worksheets below:

**1. Worksheet #1 – Proposed Program Estimates (Category 5)**

The information in this section is for your proposed new program; the information should be future projections.

**Table 5C. Proposed Program Estimates**

<b>WORKSHEET #1: YEAR ONE: PROPOSED PROGRAM ESTIMATES (CATEGORY 5)</b>	
<b>1. <u>Proposed Total Number of Annual Tests</u></b> Enter the estimated total number of HIV tests your program will conduct under the proposed program for one year. (Assume a full year of testing without start-up time.)	Proposed Total Tests Calendar Year 2009 _____
<b>2. <u>Proposed Total Number of Newly Identified HIV Infections</u></b> Enter the estimated total number of newly identified HIV infections your program will find under the proposed program.	Proposed Identified New Infections _____
<b>3. <u>Proposed Total Number of Disclosure Counseling Session</u></b> Enter the estimated total number of high-risk negative and HIV-positive clients that will receive a Disclosure Counseling Session under the proposed program.	Proposed Total Disclosure _____
<b>4. <u>Proposed Total Number of Linked Referrals</u></b> Enter the estimated total number of clients that will receive a linked referral under this program.	Proposed Total Linked Referrals _____
<b>5. <u>Proposed Total Number of Partner Counseling and Referral Services (PCRS)</u></b> Enter the estimated total number of clients that will be offered a PCRS session under this program.	Proposed Total Number of PCRS sessions _____

**2. Worksheet #2 – Target Population Information (Category 5)**

Please list the estimated percent of clients you plan to serve within the following:

**Table 5D. Target Population Information**

WORKSHEET #2: TARGET POPULATION INFORMATION (CATEGORY 5)	
GENDER	Estimate Percentage of Clients
Male	
Female	
Transgender	
TOTAL	100%
RACE/ETHNICITY	Estimate Percentage of Clients
American Indian/Alaskan Native	
Asian Pacific Islander	
Black/African American	
Latino/Hispanic	
White	
TOTAL	100%

**4.5.6 Proposer’s Evaluation and Quality Management Plan (Category 5) - Narrative Format Two (2) Page Limit**

1. Describe the evaluation and quality management activities proposed for this program. In your description, please include what program indicators will be used and how this program will incorporate staff and client feedback to improve services.
2. Describe the training and ongoing technical assistance staff will receive to ensure that evaluation and quality management activities and protocols are being properly implemented.
3. How will you ensure that the data submitted to OAPP are accurate, complete and submitted in a timely manner? Describe the staffing plan to meet data management requirements.
4. How will your agency ensure that this program is culturally competent?

**4.5.7 Proposer’s Budget (Category 5)**

Complete the budget form(s) found in Appendix D (Required Forms), Form #6 (Proposer’s Budget-Category 3, 4 & 5 Cost Reimbursement Budget) and Form #7 (Proposer’s Budget-Category 5 Proposer’s In-Kind/Leveraged Support Services Form). The budget forms submitted with the proposal should reflect all of the significant activities described in Appendix C (Technical Exhibits), Exhibit C5 and Attachment C5-1 for a twelve (12) month period.

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## **PART 5 - EVALUATION PROCESS & FUNDING ALLOCATION**

### **5.1 EVALUATION PROCESS**

The County reserves the sole right to judge the contents of the proposals submitted pursuant to this RFP and to review and request clarifying or additional information in order to evaluate and recommend the most advantageous proposal(s) to provide the required services. The evaluation process will begin after submission deadline as specified in Part 3 (Proposal Submission & Preparation).

Evaluation of the proposals will be made by internal and external evaluation committees selected by the County. All proposals will be evaluated based on the evaluation criteria listed below. The County and/or the external and internal evaluation committees may utilize the services of appropriate experts to assist in the evaluation process. The County may elect to waive any informality in a proposal if the sum and substance of the proposal is present.

After a prospective contractor has been selected, the County will prepare a contract for submission to the Board of Supervisors for its consideration and possible approval. If a satisfactory contract cannot be agreed upon, the County may, at its sole discretion, enter into contract negotiations with the next qualified Proposers who submitted a proposal, as determined by the County. Proposers are further notified that the County may, in its sole determination, disqualify any Proposer with whom the County cannot satisfactorily agree upon a contract. The recommendation to award a contract will not bind the Board of Supervisors to award a contract to the prospective contractor.

The County retains the right to select a Proposal other than the Proposal receiving the highest number of points if the County determines, at its sole discretion, another Proposal is the most overall qualified, cost-effective, responsive, responsible and in the best interests of the County.

### **5.2 PASS/FAIL QUALIFYING REVIEW**

The Pass/Fail Qualifying Review will consist of a review of Proposer's ability to meet the basic RFP Programmatic Requirements, for each category of service for which Proposer is requesting funding, pursuant to RFP Subsection 2.1.1 (RFP Programmatic Requirements) and the RFP Administrative Requirements pursuant to RFP Subsection 2.1.2 (RFP Administrative Requirements).

The Pass/Fail Qualifying Evaluation Review will be conducted by an Internal OAPP Pass/Fail Review Committee, consisting of technical and programmatic staff with expertise in the subject matter, which shall assess Proposer's compliance to each of the categories, pursuant to RFP Subsection 2.1.1 (RFP Programmatic Requirements) and 2.1.2. (RFP Administrative Requirements).

To avoid conflicts of interest in this evaluation phase, all members of the Pass/Fail Qualifying Review Committee are required to sign a “No Conflict of Interest Certification by Evaluation Member” form. Committee members must confirm that they do not, and will not, acquire any direct or indirect financial interest, rights, or benefits pursuant to any resultant agreement between the County and any of the proposers which respond to this RFP.

This section of the evaluation is scored on a “Pass” or “Fail” basis based on the Proposers response to the RFP Programmatic and Administrative Requirements.

Proposer must “Pass” each of the RFP Programmatic Requirements applicable for the category of service for which it requests funding. Proposer must also “Pass” each of the RFP Administrative Requirements as outlined in RFP Subsection 2.1.1. (RFP Administrative Requirements).

Those proposals passing this phase of the evaluation process shall be deemed as responsive and shall be reviewed and evaluated in the next phase of the evaluation process, which consists of the Level 1A and 1B Evaluation Review consistent with RFP Subsection 5.3 (Level 1A External Evaluation Review) and 5.4 (Level 1B Internal Evaluation Review).

Proposals that are assigned a score of “Fail” in the Pass/Fail Qualifying Evaluation Review shall be deemed unresponsive and shall be disqualified from further evaluation.

Proposers are also advised that a review, at the County’s sole discretion, may also be conducted to: 1) determine the magnitude of any pending litigation or judgments against the Proposer as provided in RFP Subsection 6.8 (Determination of Proposer Responsibility), and; 2) review any violations of labor laws related to employee compensation and benefits, and evidence of false claims made by the Proposer against public entities, pursuant to RFP Subsection 6.8.

### **5.3 LEVEL 1A EXTERNAL EVALUATION REVIEW**

The Level 1A Evaluation Review will be conducted by the Level 1A External Review Committee, which shall consist of HIV prevention subject matter experts recruited from other state, local, federal and community HIV/AIDS programs, committees, institutions and organizations. To avoid conflicts of interest in this evaluation phase, all members of the Level 1A External Review Committee are required to sign a “No Conflict of Interest Certification by Evaluation Member” form. Committee members must confirm that they do not, and will not, acquire any direct or indirect financial interest, rights, or benefits pursuant to any resultant agreement between the County and any of the Proposers which respond to this RFP.

Committee members will independently review and rate each proposal using an evaluation tool designed to measure the responsiveness of the Proposer’s proposal to the RFP requirements by service category. This provides a uniform method of rating each proposal on the same criteria. The main categories of criteria are listed in table below. The proposals will be rated upon the responsiveness and completeness of its response to the County’s needs as described in the RFP requirements.

The evaluation categories, and their respective weights and maximum points, for the Level 1A Evaluation Review are listed as follows:

EVALUATION CATEGORIES FOR LEVEL 1A EVALUATION REVIEW	MAXIMUM POINTS PER EVALUATION CATEGORY
Proposer’s Organizational Information	100
Proposer’s Statement of Need	120
Proposer’s Program Plan	240
Proposer’s Past Data	80
Proposed Scope of Work (Units of Service)	60
Proposer’s Evaluation & Quality Management Plan	155
Proposer’s Additional Services (Optional)	0
Proposer’s Budget	125
Level 1A Total Points	875

Each proposal will be reviewed and scored based upon the adequacy and thoroughness of its response to the County’s needs and the RFP requirements. Committee members will independently rate each proposal according to the criteria described in the RFP. The individual evaluation category scores from Level 1A will be averaged at the time of the evaluation committee process to determine Proposer’s Level 1A composite score. The composite scores will then be added together to form a final Level 1A Total Points, which will serve as the Proposer’s final Level 1A score.

**5.4 LEVEL 1B INTERNAL EVALUATION REVIEW**

The Level 1B Evaluation Review will be conducted by the Level 1B Internal Review Committee, consisting of technical and programmatic OAPP staff with expertise in the subject matter. To avoid conflicts of interest in this evaluation phase, all members of the Level 1B Internal Review Committee are also required to sign a “No Conflict of Interest Certification By Evaluation Member” form. Committee members must confirm that they do not, and will not, acquire any direct or indirect financial interest, rights, or benefits pursuant to any resultant agreement between the County and any of the proposers which respond to this RFP.

Each proposal will be reviewed and scored based upon the adequacy and thoroughness of its response to the County’s needs and the RFP requirements. Committee members will independently rate each proposal according to the

criteria described in the RFP. The individual evaluation category scores from Level 1B will be averaged at the time of the evaluation committee process to determine Proposer’s Level 1B composite score. The composite scores will then be added together to form a final Level 1B Total Points, which will serve as the Proposer’s final Level 1B score.

The evaluation categories, their respective weights and maximum points, used in the Level 1B Evaluation Review are listed below:

EVALUATION CATEGORIES FOR LEVEL 1B EVALUATION REVIEW	MAXIMUM POINTS PER EVALUATION CATEGORY
Proposer’s Financial Capability	75
Proposer’s References	50
Level 1B Total Points	125

**5.5 QUALIFYING EVALUATION SCORES, PRE-DECISIONAL SITE VISIT, AND FINAL PROPOSAL SCORES & RANKING**

**5.5.1 Qualifying Evaluation Scores**

Proposer’s final Level 1A and final Level 1B scores will be combined to determine Proposer’s Qualifying Evaluation Score. Those proposals receiving a Qualifying Evaluation Score of 699 points, or less, out of 1,000 maximum possible points, will be considered technically deficient and will not qualify for further consideration of funding recommendation. At the sole discretion of the County, a proposal with less than 700 points may be considered for funding if it is determined that the proposal addresses a critical need for a priority and critical target population in a significantly underserved area and with stipulations as determined by OAPP.

Those proposals receiving a Qualifying Evaluation Score of 700 points or more may undergo a screening review to determine the Proposer’s need to undergo a Pre-Decisional Site Visit Review, as referenced in the subsequent subsection below.

**5.5.2 Pre-Decisional Site Visit Review**

OAPP, at its sole discretion, may conduct a Pre-Decisional Site Visit Review, prior to its consideration and possible recommendation for funding as part of its evaluation process. This review shall be conducted by an Internal Site Visit Review Committee comprised of OAPP staff with HCT service expertise.

Proposers who obtained a Qualifying Evaluation Score of 700 points or higher, pursuant to RFP Subsection 5.5.1 (Qualifying Evaluation Scores) may be required to have a Pre-Decisional Site Visit review, at the County’s sole

discretion. This review will assess and evaluate the Proposer in each of the following standards of appropriateness:

- a. Confirmation that each proposed location and its facilities are appropriate for the delivery of each of the proposed service categories.
- b. Determination of Proposer's capacity and infrastructure to deliver each of the proposed service categories.
- c. Verification that Proposer has the required equipment and/or personnel specified in its proposal (or capacity to hire such personnel) in order to implement each of the proposed service categories.

OAPP may deduct up to 100 points from the Proposer's Qualifying Score for each standard, by service category, which the Proposer fails to clearly demonstrate its ability to meet the specified standards as outlined above.

**5.5.3 Final Proposal Scores & Ranking**

Proposer's Final Score will be comprised of its Qualifying Evaluation Score minus any applicable deducted point(s) pursuant to RFP Subsections 3.3.6 (Section 4: Proposer's References); 3.2 (Preparation of the Proposal); and, 5.5.2 (Pre-Decisional Site Visit Review). The Total Points that can be awarded under this RFP are comprised of the following components and their associated point value:

<b>Total Points</b>	
<b>EVALUATION CATEGORIES FOR LEVEL 1A EVALUATION REVIEW</b>	<b>MAXIMUM POINTS PER EVALUATION CATEGORY</b>
Proposer's Organizational Information	100
Proposer's Statement of Need	120
Proposer's Program Plan	240
Proposer's Past Data	80
Proposed Scope of Work (Units of Service)	60
Proposer's Evaluation & Quality Management Plan	155
Proposer's Additional Services (Optional)	0
Proposer's Budget	125
Level 1A Maximum Points	<b>875</b>
Proposer's Final Level 1A Score	
<b>EVALUATION CATEGORIES FOR LEVEL 1B EVALUATION REVIEW</b>	<b>MAXIMUM POINTS PER EVALUATION CATEGORY</b>
Proposer's Financial Capability	75
Proposer's Past Performance	50
Level 1B Maximum Points	<b>125</b>
Proposer's Final Level 1B Score	
<b>MAXIMUM POSSIBLE POINTS</b>	<b>1,000</b>
Proposer's Qualifying Score	
Point Deduction (If applicable)	<b>(Point Deduction)</b>
<b>PROPOSER'S FINAL SCORE</b>	
<b>RANK PER CATEGORY</b>	<b>RANK</b>
CATEGORY 1	
CATEGORY 2	
CATEGORY 3	
CATEGORY 4	
CATEGORY 5	

Proposers will be ranked by service category, in numerical sequence from high to low, based on their Final Score. Only those proposals that achieved a Proposer's Final Score of 700 points or more will be considered and reviewed for recommendation for funding allocations. There is no guarantee that those proposals receiving a Final Score of 700 points or more will result in a recommendation for funding allocation.

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## 5.6 RECOMMENDED FUNDING ALLOCATIONS REVIEW

The Recommended Funding Allocations Review will be administered by an Internal Funding Review Committee, comprised of selected personnel from OAPP's executive management team, which will review those Proposals that received a Final Proposal Score of 700 points or more (as outlined in RFP Subsection 5.5.3 Final Proposal Scores and Ranking), and recommend funding allocations based on each of the following criteria:

- a. Comments and ratings review from the entire evaluation process.
- b. Overall contract performance.
- c. Distribution of resources based on priority and critical emerging needs as described in the *Los Angeles County HIV Prevention Plan 2009 – 2013*.
- d. Distribution of resources geographically within the County of Los Angeles by SPA.
- e. The amount of OAPP funding previously awarded for the same or similar service(s).
- f. Other factors that are in the best interest of the County.

Inevitably, there is more funding requested than the amount of funding available. OAPP's goal is to make funding recommendations for organizations most likely to provide services to those most in need and in the most efficient and successful manner. Additionally, only funding requests that provide services within Los Angeles County will be considered. A Funding Recommendation Notice will be addressed to the Proposer's Executive Director, CEO, or designated Board Member. The final award of funding, pursuant to this RFP, will be made by and at the sole discretion of the County's Board of Supervisors.

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## **PART 6 (GENERAL INFORMATION)**

### **6.1 COUNTY OPTION TO REJECT PROPOSALS**

The County may, at its sole discretion, reject any or all proposals submitted in response to this RFP. The County shall not be liable for any costs incurred by the Proposer in connection with the preparation and submission of any proposal. The County reserves the right to waive inconsequential disparities in a submitted proposal.

In addition, the County may withdraw and/or cancel this RFP at anytime during the RFP and/or evaluation process at its sole discretion.

### **6.2 DISQUALIFICATION REVIEW**

A proposal may be disqualified from consideration because the County determined it was a non-responsive proposal at any time during the evaluation process. If the County determines that a proposal is disqualified due to non-responsiveness, the County shall notify the Proposer in writing.

Upon receipt of the written determination of non-responsiveness, the Proposer may submit a written request for a Disqualification Review by the date specified. Requests for a Disqualification Review not timely submitted will be denied.

A Disqualification Review shall only be granted under the following circumstances:

- A. The firm/person requesting a Disqualification Review is a Proposer;
- B. The request for a Disqualification Review is submitted timely; and
- C. The request for a Disqualification Review asserts that the Department's determination of disqualification due to proposal non-responsiveness was erroneous (e.g. factual errors, etc.) and provides factual support on each ground asserted as well as copies of all documents and other material that support the assertions.

The Disqualification Review shall be completed and the Department's determination shall be provided to the Proposer, in writing, prior to the conclusion of the evaluation process.

### **6.3 DEPARTMENT'S PROPOSED CONTRACTOR SELECTION REVIEW**

#### **6.3.1 Departmental Debriefing Process**

Upon completion of the evaluation, and prior to entering negotiations with the selected Proposer, the Department shall notify the remaining

Proposers in writing that the Department is entering negotiations with another Proposer. Upon receipt of the letter, the Proposer may request a Debriefing within the time specified in the letter. A Debriefing will not be provided unless the request is made within the timeframe specified. The purpose of the Debriefing is to compare the Proposer's response to the solicitation document with the evaluation document. The Proposer shall be debriefed only on its own response. Because the contract process has not been completed, responses from other Proposers shall not be discussed.

If the Proposer is not satisfied with the results of the Debriefing, it may, within five (5) business days of the Debriefing, request a review on the grounds and in the manner set forth below for review of the Department's recommendation for contract award.

### **6.3.2 Proposed Contractor Selection Review**

The Proposer may submit a written request for a Proposed Contractor Selection Review if they assert that their proposal should have been determined to be the higher-scored proposal because of one of the following reasons:

- A. The Department materially failed to follow procedures specified in its solicitation document. This includes:
  - Failure to correctly apply the standards for reviewing the proposal format requirements.
  - Failure to correctly apply the standards, and/or follow the prescribed methods, for evaluating the proposals as specified in the solicitation document.
  - Use of evaluation criteria that were different from the evaluation criteria disclosed in the solicitation document.
- B. The Department made identifiable mathematical or other errors in evaluating proposals, resulting in the Proposer receiving an incorrect score and not being selected as the recommended contractor.
- C. A member of the Evaluation Committee demonstrated bias in the conduct of the evaluation.
- D. Another basis for review as provided by state or federal law.

Upon completing the Proposed Contractor Selection Review, the County shall issue a written decision to the Proposer within a reasonable time following receipt of the request for a Proposed Contractor Selection Review, and always before the date the contract award recommendation is to be heard by the Board. If the Proposer is not satisfied with the results of the Proposed Contractor Selection Review, it may request a review on the grounds and in the manner set forth below for a County Review Panel.

### **6.3.3 County Review Panel Process**

If the Proposer is not in agreement with the results of the Department's Proposed Contractor Selection Review, the Proposer may submit a written request for a review by a County Review Panel.

Upon completion of the Panel's Review, the Panel will forward its report to the Department, which will provide a copy to the Proposer.

## **6.4 COUNTY RIGHTS & RESPONSIBILITIES**

The County has the right to amend the RFP by written addendum. The County is responsible only for that which is expressly stated in the solicitation document and any authorized written addenda thereto. Such addendum shall be made available to each person or organization which County records indicate has received this RFP. Should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal not being considered, as determined in the sole discretion of the County. The County is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

## **6.5 PROTEST PROCESS**

6.5.1 Any actual or prospective Proposer may file a protest in connection with the solicitation or award of a Board-approved service contract. It is generally accepted that the Proposer challenging the decision of a County Department bears the burden of proof in its claim that the Department committed a sufficiently material error in the solicitation process to justify invalidation of a proposed award.

6.5.2 Throughout the review process, the County has no obligation to delay or otherwise postpone an award of contract based on a Proposer protest. In all cases, the County reserves the right to make an award when it is determined to be in the best interest of the County of Los Angeles to do so.

### **6.5.3 Grounds for Review**

Unless state or federal statutes or regulations otherwise provide, the grounds for review of any Departmental determination or action should be limited to the following:

- Review of Solicitation Requirements, pursuant to RFP Subsection 1.5 (Solicitation Requirements Review) section;
- Review of a Disqualified Proposal, pursuant to RFP Subsection 6.2 (Disqualification Review);
- Review of Department's Proposed Contractor Selection, pursuant to RFP Subsection 6.3 (Department's Proposed Contractor Selection Review).

## 6.6 NOTICE TO PROPOSERS REGARDING THE PUBLIC RECORDS ACT

- 6.6.1 Responses to this RFP shall become the exclusive property of the County. At such time as County recommends Proposer(s) to the Board of Supervisors (Board) and such recommendation appears on the Board agenda, all such proposals submitted in response to this RFP, become a matter of public record, with the exception of those parts of each proposal which are defined by the contractor as business or trade secrets, and plainly marked as "Trade Secret," "Confidential," or "Proprietary."
- 6.6.2 The County shall not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law. **A blanket statement of confidentiality or the marking of each page of the proposal as confidential shall not be deemed sufficient notice of exception. The Proposer(s) must specifically label only those provisions of the proposal which are "Trade Secrets," "Confidential," or "Proprietary" in nature.**

## 6.7 SPARTA PROGRAM

A County program, known as 'SPARTA' (Service Providers, Artisan and Tradesman Activities) may be able to assist potential contractors in obtaining affordable liability insurance. The SPARTA Program is administered by the County's insurance broker, Municipality Insurance Services, Inc. For additional information, a Proposer may call (800) 420-0555 or contact them through their web-address: [www.2sparta.com](http://www.2sparta.com)

## 6.8 DETERMINATION OF PROPOSER RESPONSIBILITY

- 6.8.1 A responsible Proposer is a Proposer who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the contract. It is the County's policy to conduct business only with responsible Proposers.
- 6.8.2 Proposers are hereby notified that, in accordance with Chapter 2.202 of the County Code, the County may determine whether the Proposer is responsible based on a review of the Proposer's performance on any contracts, including but not limited to County contracts.

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Particular attention will be given to violations of labor laws related to employee compensation and benefits, and evidence of false claims made by the Proposer against public entities. Labor law violations which are the fault of the subcontractors and of which the Proposer had no knowledge shall not be the basis of a determination that the Proposer is not responsible.

- 6.8.3 The County may declare a Proposer to be non-responsible for purposes of this contract if the Board of Supervisors, in its discretion, finds that the Proposer has done any of the following: (1) violated a term of a contract with the County or a nonprofit corporation created by the County; (2) committed an act or omission which negatively reflects on the Proposer's quality, fitness or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same; (3) committed an act or omission which indicates a lack of business integrity or business honesty; or (4) made or submitted a false claim against the County or any other public entity.
- 6.8.4 If there is evidence that the apparent highest ranked Proposer may not be responsible, the Department shall notify the Proposer in writing of the evidence relating to the Proposer's responsibility, and its intention to recommend to the Board of Supervisors that the Proposer be found not responsible. The Department shall provide the Proposer and/or the Proposer's representative with an opportunity to present evidence as to why the Proposer should be found to be responsible and to rebut evidence which is the basis for the Department's recommendation.
- 6.8.5 If the Proposer presents evidence in rebuttal to the Department, the Department shall evaluate the merits of such evidence, and based on that evaluation, make a recommendation to the Board of Supervisors. The final decision concerning the responsibility of the Proposer shall reside with the Board of Supervisors.
- 6.8.6 These terms shall also apply to proposed subcontractors of Proposers on County contracts.

## **6.9 PROPOSER DEBARMENT**

- 6.9.1 The Proposer is hereby notified that, in accordance with Chapter 2.202 of the County Code, the County may debar the Proposer from bidding or proposing on, or being awarded, and/or performing work on other County contracts for a specified period of time, which generally will not exceed five (5) years but may exceed five (5) years or be permanent if warranted by the circumstances, and the County may terminate any or all of the Proposer's existing contracts with County, if the Board of Supervisors finds, in its discretion, that the Proposer has done any of the following: (1) violated a term of a

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- contract with the County or a nonprofit corporation created by the County; (2) committed an act or omission which negatively reflects on the Proposer's quality, fitness or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same; (3) committed an act or offense which indicates a lack of business integrity or business honesty; or (4) made or submitted a false claim against the County or any other public entity.
- 6.9.2 If there is evidence that the apparent highest ranked Proposer may be subject to debarment, the Department shall notify the Proposer in writing of the evidence which is the basis for the proposed debarment, and shall advise the Proposer of the scheduled date for a debarment hearing before the Contractor Hearing Board.
- 6.9.3 The Contractor Hearing Board shall conduct a hearing where evidence on the proposed debarment is presented. The Proposer and/or Proposer's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether the Proposer should be debarred, and, if so, the appropriate length of time of the debarment. The Proposer and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.
- 6.9.4 After consideration of any objections, or if no objections are received, a record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny or adopt the proposed decision and recommendation of the Contractor Hearing Board.
- 6.9.5 If a Proposer has been debarred for a period longer than five (5) years, that Proposer may, after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that the Proposer has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of the County.
- 6.9.6 The Contractor Hearing Board will consider requests for review of a debarment determination only where (1) the Proposer has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes

supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

- 6.9.7 The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.
- 6.9.8 These terms shall also apply to proposed subcontractors of Proposers on County contracts.
- 6.9.10 Appendix G is a listing of contractors that are currently on the Debarment List for Los Angeles County.

## **6.10 GRATUITIES**

### **6.10.1 Attempt to Secure Favorable Treatment**

It is improper for any County officer, employee or agent to solicit consideration, in any form, from a Proposer with the implication, suggestion or statement that the Proposer's provision of the consideration may secure more favorable treatment for the Proposer in the award of the contract or that the Proposer's failure to provide such consideration may negatively affect the County's consideration of the Proposer's submission. A Proposer shall not offer or give either directly or through an intermediary, consideration, in any form, to a County officer, employee or agent for the purpose of securing favorable treatment with respect to the award of the contract.

### **6.10.2 Proposer Notification to County**

A Proposer shall immediately report any attempt by a County officer, employee or agent to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861. Failure to report such a solicitation may result in the Proposer's submission being eliminated from consideration.

### **6.10.3 Form of Improper Consideration**

Among other items, such improper consideration may take the form of cash, discounts, services, the provision of travel or entertainment, or tangible gifts.

### **6.11 NOTICE TO PROPOSERS REGARDING THE COUNTY LOBBYIST ORDINANCE**

The Board of Supervisors of the County of Los Angeles has enacted an ordinance regulating the activities of persons who lobby County officials. This ordinance, referred to as the "Lobbyist Ordinance", defines a County Lobbyist and imposes certain registration requirements upon individuals meeting the definition. The complete text of the ordinance can be found in County Code Chapter 2.160. In effect, each person, corporation or other entity that seeks a County permit, license, franchise or contract must certify compliance with the ordinance. As part of this solicitation process, it will be the responsibility of each Proposer to review the ordinance independently as the text of said ordinance is not contained within this RFP. Thereafter, each person, corporation or other entity submitting a response to this solicitation, must certify that each County Lobbyist, as defined by Los Angeles County Code Section 2.160.010, retained by the Proposer is in full compliance with Chapter 2.160 of the Los Angeles County Code and each such County Lobbyist is **not** on the Executive Office's List of Terminated Registered Lobbyists by completing and submitting the Familiarity with the County Lobbyist Ordinance Certification, as set forth in Appendix D (Required Forms) Form #13, as part of their proposal.

### **6.12 FEDERAL EARNED INCOME CREDIT**

The contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice No. 1015, pursuant to Appendix H.

### **6.13 CONSIDERATION OF GAIN/GROW PARTICIPANTS FOR EMPLOYMENT**

As a threshold requirement for consideration for contract award, Proposers shall demonstrate a proven record of hiring participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) or General Relief Opportunity for Work (GROW) Programs or shall attest to a willingness to consider GAIN/GROW participants for any future employment openings if they meet the minimum qualifications for that opening. Additionally, Proposers shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent

employment and/or promotional opportunities. Proposers who are unable to meet this requirement shall not be considered for contract award. Proposers shall complete and return the form, Attestation of Willingness to Consider GAIN/GROW Participants, as set forth in Appendix D (Required Forms), Form #15, along with their proposal.

#### **6.14 COUNTY'S QUALITY ASSURANCE PLAN**

After contract award, the County or its agent will evaluate the contractor's performance under the contract on a periodic basis. Such evaluation will include assessing contractor's compliance with all terms in the contract and performance standards identified in the Statement of Work. Contractor's deficiencies which the County determines are severe or continuing and that may jeopardize performance of the contract will be reported to the County's Board of Supervisors. The report will include improvement/corrective action measures taken by the County and contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate the contract in whole or in part, or impose other penalties as specified in the contract.

#### **6.15 RECYCLED BOND PAPER**

Proposer shall be required to comply with the County's policy on recycled bond paper as specified in Appendix A, Sample Contract, (Additional Provisions), Section 51 (Purchasing Recycled-Bond Paper).

#### **6.16 SAFELY SURRENDERED BABY LAW**

The contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in Appendix I of this solicitation document and is also available on the Internet at [www.babysafela.org](http://www.babysafela.org) for printing purposes.

#### **6.17 Notification to County of Pending Acquisitions/Mergers by Proposing Company**

The Proposer shall notify the County of any pending acquisitions/mergers of their company. This information shall be provided by the Proposer on Required Form #8 Proposer's Organization Questionnaire/Affidavit. Failure of the Proposer to provide this information may eliminate its proposal from any further consideration.

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## 6.18 JURY SERVICE PROGRAM

The prospective contract is subject to the requirements of the County's Contractor Employee Jury Service Ordinance ("Jury Service Program") (Los Angeles County Code, Chapter 2.203). Prospective Contractors should carefully read the Jury Service Ordinance, Appendix F, and the pertinent jury service provisions of the Sample Contract, Appendix A, (Additional Provisions) Section 52, both of which are incorporated by reference into and made a part of this RFP. The Jury Service Program applies to both contractors and their subcontractors. Proposals that fail to comply with the requirements of the Jury Service Program will be considered non-responsive and excluded from further consideration.

- 6.18.1 The Jury Service Program requires contractors and their subcontractors to have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employee's regular pay the fees received for jury service. For purposes of the Jury Service Program, "employee" means any California resident who is a full-time employee of a contractor and "full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) the contractor has a long-standing practice that defines the lesser number of hours as full-time. Therefore, the Jury Service Program applies to all of a contractor's full-time California employees, even those not working specifically on the County project. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program.
- 6.18.2 There are two ways in which a contractor might not be subject to the Jury Service Program. The first is if the contractor does not fall within the Jury Service Program's definition of "contractor". The Jury Service Program defines "contractor" to mean a person, partnership, corporation or other entity which has a contract with the County or a subcontract with a County contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. The second is if the contractor meets one of the two exceptions to the Jury Service Program. The first exception concerns small businesses and applies to contractors that have 1) ten or fewer employees; and, 2) annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract is less than \$500,000, and, 3) is not an "affiliate or subsidiary of a business dominant in its field of operation". The second exception applies to contractors that possess a collective

bargaining agreement that expressly supersedes the provisions of the Jury Service Program. The contractor is subject to any provision of the Jury Service Program not expressly superseded by the collective bargaining agreement.

- 6.18.3 If a contractor does not fall within the Jury Service Program's definition of "contractor" or if it meets any of the exceptions to the Jury Service Program, then the contractor must so indicate in the Certification Form and Application for Exception, Form #16, in Appendix D - Required Forms, and include with its submission all necessary documentation to support the claim such as tax returns or a collective bargaining agreement, if applicable. Upon reviewing the contractor's application, the County will determine, in its sole discretion, whether the contractor falls within the definition of contractor or meets any of the exceptions to the Jury Service Program. The County's decision will be final.

**6.19 INTENTIONALLY OMITTED**

**6.20 NOTIFICATION TO COUNTY OF PENDING ACQUISITIONS/MERGERS BY PROPOSING COMPANY**

The Proposer shall notify the County of any pending acquisitions/mergers of their company. This information shall be provided by the Proposer on Required Form #8 - Proposer's Organization Questionnaire/Affidavit. Failure of the Proposer to provide this information may eliminate its proposal from any further consideration.

**6.21 INTENTIONALLY OMITTED**

**6.22 CONTRACTOR'S OBLIGATIONS AS A "BUSINESS ASSOCIATE" UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

Contractor shall be required to comply with the Administrative Simplification requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and as may be revised in the future, as contained in Appendix A (Sample Contract) Section 11.

**6.23 PROPOSER'S CHARITABLE CONTRIBUTIONS COMPLIANCE**

- 6.23.1 California's "Supervision of Trustees and Fundraisers for Charitable Purposes Act" regulates receiving and raising charitable contributions. Among other requirements, those subject to the Charitable Purposes Act must register. The 2004 Nonprofit Integrity Act (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. New rules cover California public benefit corporations, unincorporated associations, and trustee entities and may include similar foreign

corporations doing business or holding property in California. Key Nonprofit Integrity Act requirements affect executive compensation, fund-raising practices and documentation. Charities with over \$2 million of revenues (excluding funds that must be accounted for to a governmental entity) have new audit requirements.

6.23.2 All prospective contractors must determine if they receive or raise charitable contributions which subject them to the Charitable Purposes Act and complete the Charitable Contributions Certification, Form #18 as set forth in Appendix D - Required Forms. A completed Form #18 is a required part of any agreement with the County.

6.23.3 In Form #18, prospective contractors certify either that:

- they have determined that they do not now receive or raise charitable contributions regulated under the California Charitable Purposes Act, (including the Nonprofit Integrity Act) but will comply if they become subject to coverage of those laws during the term of a County agreement, **OR**
- they are currently complying with their obligations under the Charitable Purposes Act, attaching a copy of their most recent filing with the Registry of Charitable Trusts.

6.23.4 Prospective County contractors that do not complete Form #18 as part of the solicitation process may, in the County's sole discretion, be disqualified from contract award. A County contractor that fails to comply with its obligations under the Charitable Purposes Act is subject to either contract termination or debarment proceedings or both. (County Code Chapter 2.202)

## **6.24 COUNTY RESPONSIBILITY**

The County is not responsible for representations made by any of its officers or employees prior to the execution of the contract unless such understanding or representation is included in the contract.

## **6.25 TRUTH AND ACCURACY OF REPRESENTATIONS**

False, misleading, incomplete, or deceptively unresponsive statements in connection with a proposal shall be sufficient cause for rejection of the proposal. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

## **6.26 PROPOSER'S ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM**

Proposers shall: 1) fully comply with all applicable State and federal reporting requirements relating to employment reporting for its employees; and 2) comply with all lawfully served Wage and Earnings Assignment Orders and Notice of Assignment and continue to maintain compliance during the term of any

contract that may be awarded pursuant to this solicitation. Failure to comply may be cause for termination of a contract or initiation of debarment proceedings against the non-compliant contractor (County Code Chapter 2.202).

**6.27 MANDATORY REQUIREMENT TO REGISTER ON COUNTY'S WEBVEN**

**Prior** to a contract award, all potential contractors must register in the County's WebVen. The WebVen contains the vendor's business profile and identifies the goods/services the business provides. Registration can be accomplished online via the Internet by accessing the County's home page at [http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm). *There are underscores ("\_") in the address between the words 'doing business' and 'main db'.*

**6.28 INJURY & ILLNESS PREVENTION PROGRAM (IIPP)**

Contractor shall be required to comply with the State of California's Cal OSHA's regulations. Section 3203 of Title 8 in the California Code of Regulations requires all California employers to have a written, effective Injury and Illness Prevention Program (IIPP) that addresses hazards pertaining to the particular workplace covered by the program.

**6.29 CONFLICT OF INTEREST**

No County employee whose position in the County enables him/her to influence the selection of a contractor for this RFP, or any competing RFP, nor any spouse of economic dependent of such employees, shall be employed in any capacity by a Proposer or have any other direct or indirect financial interest in the selection of a contractor. Proposer shall certify that he/she is aware of and has read Section 2.180.010 of the Los Angeles County Code as stated in Appendix D - Required Forms – Form #12, Certification of No Conflict of Interest.

**6.30 CONFIDENTIALITY AND INDEPENDENT CONTRACTOR STATUS**

As appropriate, contractor shall be required to comply with the Confidentiality provision contained in Section 17 and the Independent Contractor Status provision contained in Section 31 of the Additional Provisions of Appendix A (Sample Contract).

**6.31 INDEMNIFICATION AND INSURANCE**

Contractor shall be required to comply with the indemnification provisions contained in the - Appendix A (Sample Contract), Sections 16, 17 and 18. The contractor shall procure, maintain, and provide to the County proof of insurance coverage for all the programs of insurance along with associated amounts specified in the Appendix A, Sample Contract, Section 18, subparagraphs A

(General Liability Insurance), B (Automobile Liability Insurance), C (Workers Compensation and Employer's Liability) and D (Professional Liability Insurance).